## **2007 FOR PROFIT CORPORATION**

## Feb 28, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P94000078838** 02-28-2007 90001 036 \*\*\*158.75 1. Entity Name PRO-MAX PAINT AND WATERPROOFING CORP. Principal Place of Business Mailing Address 12355 SW 129 CT #8 12355 SW 129 CT. #8 MIAMI, FL 33186 US MIAMI, FL 33186 US 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applled For 4. FEI Number 65-0530394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOWER, MAXIMILIAN DO NOT WRITE 12355 SW 129 CT #8 MIAMI, FL 33186 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed nar stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PSD TOWER, MAXIMILIAN M NAME STREET ADDRESS 12355 SW 129 CT #8 CITY-ST-ZIP MIAMI, FL 33186 TITLE Rodrigulz, Ruy G. 12355 SW 129 C+ #8 Miami FL 33186 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR