

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000081934

Entity Name: MAKSON CORP.

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

175 BRADLEY PLACE  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

790 S. COUNTY RD.  
PALM BEACH, FL 33480 US

**Current Mailing Address:**

6801 CANAL BRIDGE CT  
C/O FRED RAPAPORT  
POTOMAC, MD 20854 US

**New Mailing Address:**

FEI Number: 65-0546627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAPAPORT, ROBERT D  
790 S. COUNTY RD.  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RAPAPORT, FRED  
Address: 6801 CANAL BRIDGE CT.  
City-St-Zip: POTOMAC, MD 20854

Title: D  
Name: RAPAPORT, ELISA  
Address: 6100 LONDON LN.  
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIRECTOR

FR

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date