2005 FOR PROFIT CORPORATION

FILED Mar 23, 2005 08:00 AM

ANNOAL REPORT				Convotant of Ctat
DOCUME 1. Entity Name CHINA MAX,	ENT # P950000179 , INC.	977		Secretary of Stat
Principal Place of E 160 MALABAR RE SUITE 117 PALM BAY, FL 32	D.	Mailing Address 160 MALABAR RD. SUITE 117 PALM BAY, FL 32907		
DO NOT WRITE IN THIS SPACE			CE	02012005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3302640 Not Applicable
				5. Certificate of Status Desired See Required Fee Required
-	Name and Address of Current Re	gistered Agant		
CHAN, CHI S 160 MALABAF SUITE 117 PALM BAY, FI	R RD	Aleksed Again		DO NOT WRITE 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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DI	RECTORS	1	
TITLE D NAME CH STREET ADDRESS 418	HAN, CHI S 8 EMPIRE AVE. N.E. ALM BAY, FL 32907		<u></u>	000000273606 03/23 <u>/0</u> 5-80036-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		w. <u>A</u> 577-2	~ 	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		u		IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3211234666

Daytime Phone #