

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000031309**

1. Entity Name

VAN-MAX INTERNATIONAL CORP.



Principal Place of Business

1111 S ALHAMBRA CIR  
CORAL GABLES, FL 33146 US

Mailing Address

1111 S ALHAMBRA CIR  
CORAL GABLES, FL 33146 US



04042006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0575751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAYNE, GEOFFREY M  
1001 SOUTH BAYSHORE DRIVE  
SUITE 2702  
MIAMI, FL 33131-4900

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$650.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME VAN WALLEGHEM, MADELEINE  
STREET ADDRESS 1111 S ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D  
NAME VAN WALLEGHEM, PAUL A  
STREET ADDRESS 1111 S ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D  
NAME VAN WALLEGHEM, DEREK  
STREET ADDRESS 1265 MARIOLA CT  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000495636  
04/21/06-80017-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/4/06 305 663 6736  
Date Daytime Phone #