

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000073670  
 1. Entity Name  
 CITROMAX CORP.



Principal Place of Business      Mailing Address  
 3606 W. JETTON AVE.      3606 W JETTON AVENUE  
 TAMPA, FL 33629      TAMPA, FL 33629 US

**DO NOT WRITE IN THIS SPACE**



01102006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3341478      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 R. JAMES ROBBINS, JR.,  
 101 EAST KENNEDY BOULEVARD  
 SUITE 3700  
 TAMPA, FL 33602-0000

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, ROBERTO I. 3606 W JETTON AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, ADELA M. 3606 W JETTON AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000413292  
 02/10/06-80085-007 150.00

**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: *Roberto I. Lopez*      ROBERTO I. LOPEZ, PRESIDENT      1/30/06      813-258-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #