


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082799
 1. Entity Name
 T MAX & ASSOCIATES, INC



DO NOT WRITE IN THIS SPACE

11023898

2. Principal Place of Business
 2011 NW 100 AVE
 Suite, Apt. #, etc.

3. Mailing Address
 2011 NW 100 AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0616674

Applied For
 Not Applicable

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

City & State
 PEMBROKE PINES, FL

City & State
 PEMBROKE PINES, FL

Zip
 33024

Country

Zip
 33024

Country

DO NOT WRITE IN THIS SPACE


7. Name and Address of Current Registered Agent

Name
 ROBERT M. CASTILLO

Street Address (P.O. Box Number is Not Acceptable)
 2011 NW 100 AVE

City
 PEMBROKE PINES FL 33024

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 4/25/03

(NOTE: Registered Agent signature required when re-registering)

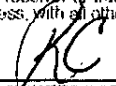
January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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	DIRECTOR ROBERT CASTILLO 2011 NW 100 AVE PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered

SIGNATURE:  DATE 4/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR