2006 FOR PROFIT CORPORATION

FILED Feb 03, 2006 08:00 AM

DOCUMENT # P96000053593 1. Daily Narrie LARMAX PRODUCTIONS, INC. Principal Place of Business		ANNUAL	KEPUKI		_	Saare	atary of State
DO NOT WRITE IN THIS SPACE Conflicted of State of Food Content Registered Agent Conflicted agent of the purpose of changing its registered agent of the State of Food Conflicted agent of Food Conflicted Conflicted agent of Food Conflicted agent of Food Conflicted Conflicted agent of Food Conflicted Conflicted Conflicted Conflicted Conflicted Conflicted Conflicted Conflicted Conflicted	1. Entity Nam	ne	593			Secre	stary of State
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0676837	5412 NW 57	STREET	5412 NW 57 STREET			I B KRITIR IN KANTARAN KANTAR	BERRI BERR BERR BERR BERR BERR BERR BER
AMERILAN/YER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE PILE NOW!!! FEE 18 \$150.00 After May 1, 2000 Fee will be \$350.00 Thus Fund Constitution. PID OFFICERS AND DINICIONS INTER MONES. ETY-ST-ZIP TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319 TITLE INVESTOR FRIEDMAN, MAXINE P SA12 NWS 7 STREET TAMARAC, FL 33319	D			CE	01302006 4. FEI Numb 65-067	Na Chg-P er 76687	CRZE034 (11/05) Applied For Not Applicable \$8.75 Additional
SIGNATURE Symbols, typed of princh seems of registered agrees and use if approach. PILE NOWIN FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS INE PD FRIEDMAN, LARRY R STREET MORRESS STREET ADDRESS S	AMERILAWYER CHARTERED 343 ALMERIA AVENUE						
After May 1, 2006 Fee will be \$350.00 Trust Fund Contribution. Added to Fees 02/13/06-80030-015 150.80 10. OFTICERS AND DIRECTORS ITLE NAME FRIEDMAN, LARRY R 5412 NW 57 STREET TAMARAC, FL 33319 TITLE NAME STREET ADDRESS 5412 NW 57 STREET TAMARAC, FL 33319 TITLE NAME STREET ADDRESS GITY-ST-ZP TAMARAC, FL 33319 TO NOT WRITE IN THIS SPACE THE NAME STREET ADDRESS GITY-ST-ZP TITLE NAME STREET ADDRESS GITY-ST-ZP TITLE NAME STREET ADDRESS GITY-ST-ZP TITLE NAME STREET ADDRESS GITY-ST-ZP THE NAME STREET ADDRESS GITY-ST-ZP THE STREET ADDRESS GITY-	the obligat	ions of registered agent.				oth, in the State of Flo	
INTLE NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319 VSTD FRIEDMAN, MAXINE P 5412 NW 57 STREET TAMARAC, FL 33319 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319 DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRESS CITY-ST-ZIP TO						Unaan 02/13/06	0416811 i-80030-015 150.00
	INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, LARRY R 5412 NW 57 STREET TAMARAC, FL 33319 VSTO FRIEDMAN, MAXINE P 5412 NW 57 STREET	RECTORS		_		

12. I hereby certify that the information supplied with this filling 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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR