## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

## **FILED** Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P96000070862  1. Entity Name MAXWELL HOLDINGS, INC.				04-30-2004 90216 042 ***150.00	
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131			73773
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 1441 BRICKELL AVE - SUITE 1014		Suite, Apt. #, etc. 1441 BRICKELL AVE. SUITE 1014		03182004 Chg-P CR2E034	(10/03)
City & State		City & State		4. FEI Number	Applied For
MUMI,		MIAMI FL		65-0693519	Not Applicable
Zip 3315	Country	Zip Co	ountry		.75 Additional Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805			Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33131			1441 BRICKELL AVE. SUITE 1014		
$\mathcal{O}$			City MIAMI FL Zincode 31		
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.  ROTE: Registered Agent signature required when refinshing)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing					
10.	OFFICERS AND I		1.	ADDITIONS/CHANGES TO OFFICERS AND DI	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZILBERGLEIST, OSVALDO 601 BRICKELL KEY DR, 805 MIAMI, FL	n s	TREET ADDRESS 1444	ERGLEIST, OSVALPD 1 BRICKELL AVE. SUITE 1014 MI. FL 33131	TChange ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBERGIEST, MARTIN 601 BRICKELL KEY DR, 805 MIAMI, FL	M. S	TO A TILE STREET ADDRESS 1441		Change
TITLE NAME	SS ALLEN, ROBERT N JR	_ 50.0.0	TILE SS		Change

CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

601 BRICKELL KEY DR #805

MIAMI, FL 33131

Robert N. Allen Law 4-29-04

1444 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131

☐ Change

☐ Change

☐ Addition

☐ Addition