## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90178 003 \*\*\*150.00

ANNUAL REPORT	
DOCUMENT # P97000012086	

XEMAX CONSTRUCTION, CORP.

Principal Place of Business Mailing Address 40000020 4368 E. 9TH LN. 2061 SW 136 WAY HIALEAH, FL 33013 MIRAMAR, FL 33027 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For IRAMAR 65-0724788 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, ARQUIMEDES M Street Address (P.O. Box Number is Not Acceptable) 4368 E. 9TH LN. HIALEAH, FL. 33013 City Zip Code FI 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 pagistered agent. SIGNATURE Signature, typed o (NOTE: Registered Agent signature required when reinstating) DATE ne of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST Addition TITLE ☐ Delete TITLE ☐ Change DIAZ, ARQUIMEDES M NAME NAME STREET ADDRESS 4368 E. 9TH LN. STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Additior NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:** 

4-17-07