


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90386 019 ***150.00

DOCUMENT # P97000071659					
1. Entity Name BLUE MAX MOTORCARS, INC.					
Principal Place of Business ONE W LINTON BLVD BAY #25 DELRAY BEACH, FL 33444			Mailing Address 909 SE 5TH AVE DELRAY BEACH, FL 33483		
2. Principal Place of Business ONE WEST LINTON BLVD		3. Mailing Address ONE WEST LINTON BLVD			
Suite, Apt. #, etc. #24		Suite, Apt. #, etc. #24			
City & State DELRAY BEACH FL		City & State DELRAY BEACH, FL		4. FEI Number 65-0773936	
Zip 33444		Country		Applied For Not Applicable	
Zip 33444		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUTILLETTE, CHARLOTTE 909 S.E. 5TH AVE. DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ONE WEST LINTON BLVD #24 City DELRAY BEACH FL Zip Code 33444		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PV NAME MIU, JON STREET ADDRESS 1845 S.W. 4TH AVE., STE. A-11 CITY-ST-ZIP DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS ONE WEST LINTON BLVD, #24 CITY-ST-ZIP DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME BOUTILLETTE, CHARLOTTE STREET ADDRESS 1845 S.W. 4TH AVE., STE. A-11 CITY-ST-ZIP DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS ONE WEST LINTON BLVD, #24 CITY-ST-ZIP DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charlotte Boutillette</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/9/04 (561) 278-4400 <small>Date Daytime Phone #</small>		