


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90022 023 ***150.00

DOCUMENT # P97000071908

1. Entity Name
MAXIMO MARINA, INC.



Principal Place of Business Mailing Address

**4801 37TH STREET S.
 ST. PETERSBURG, FL 33711 US** **ONE PROGRESS PLAZA #450
 ST. PETERSBURG, FL 33701**

54000073



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01192004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3463662 Not Applicable

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

6. Name and Address of Current Registered Agent

**AVIRAM, JIMMY
 ONE PROGRESS PLAZA #450
 ST. PETERSBURG, FL 33711**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be

After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVIRAM, JIMMY			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA #450			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33711			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVIRAM, TAL			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA #450			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33711			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT C			NAME			
STREET ADDRESS	ONE PROGRESS PLAZA #450			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33711			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER, MICHAEL R			NAME			
STREET ADDRESS	3701 50TH AVENUE SOUTH			STREET ADDRESS	One Progress Plaza # 450		
CITY-ST-ZIP	ST PETERSBURG, FL 33711			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: _____ Date: **1-19-04** Daytime Phone #: **727-803-4370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR