


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 18 AM 11:26

SEC. STATE
TAX

DOCUMENT # P98000034390	
-------------------------	---

1. Entity Name
C-MAX CAPITAL CORPORATION

Principal Place of Business 515 E. LAS OLAS BLVD., STE. 1020 FORT LAUDERDALE, FL 33301	Mailing Address 515 E. LAS OLAS BLVD., STE. 1020 FORT LAUDERDALE, FL 33301
--	--



2. Principal Place of Business 1550 SAWGRASS CPT. PKWY. Suite, Apt. #, etc. 230 City & State SUNRISE, FL Zip 33323 Country USA	3. Mailing Address 1550 Sawgrass CPT. PKWY. Suite, Apt. #, etc. 230 City & State SUNRISE, FL Zip 33323 Country USA
---	---

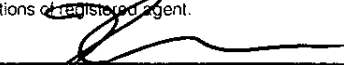
02122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0831321	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent WATSON, MARC M 515 E. LAS OLAS BLVD., STE. 1020 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name KEVIN M. WATSON Street Address (P.O. Box Number is Not Acceptable) 1550 SAWGRASS CPT PKWY 230 City SUNRISE, FL Zip Code 33323
--	--

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:  3/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MARC M 515 E. LAS OLAS BLVD., STE. 1020 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARC M. WATSON 1550 SAWGRASS CPT. PKWY #230 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, KEVIN M 515 E. LAS OLAS BLVD., STE. 1020 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVIN M. WATSON 1550 SAWGRASS CPT. PKWY. #230 SUNRISE, FL 33323 <input checked="" 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	200030961852 03/24/04--01003--011 **2455.00 <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:  KEVIN WATSON 3/8/04 954.315.1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #