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DOCUMENT # P98000040758			
1. Entity Name MAXIE S. BECKMAN INC.			
Principal Place of Business 5601 COLLINS AVENUE STE CU-8 MIAMI BEACH, FL 33140		Mailing Address 5601 COLLINS AVENUE STE CU-8 MIAMI BEACH, FL 33140	
2. Principal Place of Business <i>5601 Collins Ave.</i>		3. Mailing Address <i>5601 Collins Ave.</i>	
Suite, Apt., etc. <i>SUITE - CU-8</i>		Suite, Apt., etc. <i>SUITE - CU-8</i>	
City & State <i>Miami Beach Fl.</i>		City & State <i>Miami Beach Fl.</i>	
Zip <i>33140</i>	Country <i>U.S.A.</i>	Zip <i>33140</i>	Country <i>U.S.A.</i>
6. Name and Address of Current Registered Agent BECKMAN, MAXIE S INC 5601 COLLINS AVE STE , STECU-8 MIAMI, FL 33140		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 <i>Maxine S. Beckman</i> DATE <i>07/22/06</i> <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 \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BECKMAN, MAXINE S 5601 COLLINS AVE. STE CU-8 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>700078284307</i> <i>08/02/06--01064--001 **\$50.00</i>
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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: <i>Maxine S. Beckman</i>		SIGNATURE: <i>Maxime S. Beckman</i> 07/22/06 (305)868-3212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #