

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065175

Entity Name: MAXALUNA, INC.

FILED  
Jan 28, 2009  
Secretary of State

## Current Principal Place of Business:

1301 S.W. 2ND STREET  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

1309 SE 1ST STREET  
POMPANO BEACH, FL 33060

## Current Mailing Address:

1301 S.W. 2ND STREET  
POMPANO BEACH, FL 33069

## New Mailing Address:

1309 SE 1ST STREET  
POMPANO BEACH, FL 33060

FEI Number: 65-0857582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HRENICK, ANDREW  
1301 S.W. 2ND STREET  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

HRENICK, ANDREW  
1309 SE 1ST STREET  
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: \_\_\_\_\_

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HRENICK, ANDREW  
Address: 1301 S.W. 2ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD ( ) Delete  
Name: HRENICK, MICHAEL  
Address: 1301 SW 2 ST  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HRENICK, ANDREW  
Address: 1309 SE 1ST STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD (X) Change ( ) Addition  
Name: HRENICK, MICHAEL  
Address: 1309 SE 1ST STREET  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW HRENICK

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date