## **.2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # P98000078928** MAX TRUCKING INC. Principal Place of Business Mailing Address 8520 S.W. 43 TERRACE 8520 S.W. 43 TERRACE MIAMI, FL 33155 MIAMI, FL 33155 03142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0889105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, JOSE A DO NOT WRITE 8520 S.W. 43 TERRACE MIAMI, FL 33155 IN THIS SPACE 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U000000090603 73 Trust Fund Contribution Added to Fees 03/17/04-80025-023 150.m 16. OFFICERS AND DIRECTORS THTLE PEREZ, JOSE A NAME STREET ADDRESS 8520 S.W. 43 TERRACE CITY-ST-ZIP MIAMI, FL 33155 THLE NAME STREET ADDRESS CHY+ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE наме STREET ADDRESS CITY-\$1-2IP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(3), 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 path, 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**