

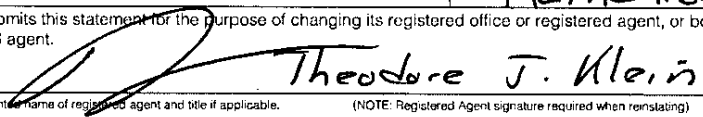
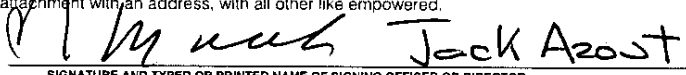


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90101 042 \*\*\*158.75

<b>DOCUMENT # P99000034774</b> 1. Entity Name <b>MAX ATLANTIC, INC.</b>					
Principal Place of Business <b>2875 NE 191 ST, PH 1 AVENTURA, FL 33180</b>			Mailing Address <b>P.O. BOX 630817 MIAMI, FL 33163</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0910980</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<div style="display: flex; justify-content: space-between;"> <span>01042005 Chg-P CR2E034 (10/03)</span> <span><b>50011659</b></span> </div>					
<div style="text-align: center;">  </div>					
<b>6. Name and Address of Current Registered Agent</b> <b>THEODORE, KLEIN J ESQ</b> <b>88 NE 168TH ST</b> <b>NORTH MIAMI BEACH, FL 33162</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Theodore J. Klein Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>8030 Peters Road</b> <b>Bldg 2, Suite 104</b> City <b>Plantation</b> FL Zip Code <b>33324</b>		
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  <b>Theodore J. Klein</b> <span style="float: right;"><b>1/19/05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AZOUT, JACK 2875 NE 191 ST, PH 1 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AZOUT, GILDA 2875 NE 191 ST, PH 1 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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:  <b>Jack Azout</b> <span style="float: right;"><b>2/2/05</b> <b>(305)935-5175</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					