2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2005 08:00 AM Secretary of State

DOCUMENT # P9900065094 1. Enitty Name MAG MAX, INC.			Secretary of State			
5609 NW 84	4 TERR	Mailing Address 5609 NW 84 TERR FORT LAUDERDALE, FL 33351	i US			88)NT 81/81 8//11 88/118 18/11 8/11/8011 /f 1881
Ε	OO NOT WRITE I	CE	03012005 No Chg-P CR2E034 (10/03) 4. FEI Number			
NELMS, J 5609 NW : FORT LAU		DO NOT WRITE 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 the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and tills if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Re						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			. Add	00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE D NELMS, JOHN 6043 KIMBERLY BLVD SUITE SUITE NORTH LAUDERDALE, FL 33068	 EJ			U000002 03/05/05-8	52182 0016-013 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME						
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		., ., ., ., ., ., ., ., ., ., ., ., ., .				
TITLE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby o	sertify that the information supplied with this	filing does not qualify for the exen	notion stated in Sec	otion 119.07(3\f)). Florida Statutes. I fi	urther certify that the information
indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver of frustee empowers	and accurate and that my signatu d to execute this report as require	ire shall have the s ed by Chapter 607.	ame legal effect Florida Statures	as if made under oal	th; that I am an officer or director appears in Block 10 or Block 11 if