

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90065 021 \*\*\*150.00

**DOCUMENT # P99000070329**

1. Entity Name  
**MAXIMUM SPORT NUTRITION, CORP.**



Principal Place of Business

801 W 49 ST  
# 105  
HIALEAH, FL 33012

Mailing Address

801 W 49 ST  
# 105  
HIALEAH, FL 33012

**50003080**



2. Principal Place of Business

15492 NW 77th Ct.

3. Mailing Address

15492 NW 77th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

65-0955291

Applied For

Not Applicable

Zip

33015

Country

Zip

33015

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JORGE  
15141 S.W. 49TH STREET  
MIRAMAR, FL 33014

7. Name and Address of New Registered Agent

Name

ABRAHAM, ZORAYA

Street Address (P.O. Box Number is Not Acceptable)

15492 NW 77th Ct.

City

MIAMI LAKES, FL

Zip Code

33015

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GUTIERREZ, JORGE  
STREET ADDRESS 15141 S.W. 49TH STREET  
CITY-ST-ZIP MIRAMAR, FL 33027

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ABRAHAM, ZORAYA  
STREET ADDRESS 15492 NW 77th Ct.  
CITY-ST-ZIP MIAMI LAKES, FL 33015

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

Date

305-698-5959

Daytime Phone #