2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91053 020 ***150.00

DOCUMENT # P99000079636

1. Entity Name
OCEAN MAX, CORP.

Principal Place of Business	Mailing Address
7951 S.W. 40TH STREET SUITE 206 MIAMI, FL 33155	7951 S.W. 40TH STREET SUITE 206 MIAMI, FL 33155

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		1247 ALTON RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Miami Beach FL	
Zip	Country	Zip: 33139	Country: USA

4. FEI Number: 65-0982076 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, LINETTE
1247 ACTION RD
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVD	☐ Delete
NAME	MAGNANO, GUSTAVO G	
STREET ADDRESS	7951 S.W. 40TH STREET, SUITE 206	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	STD	☐ Delete
NAME	DE MAGNONO, LIDIA DORA	
STREET ADDRESS	7951 S.W. 40TH STREET, SUITE 206	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: X Lidia Dora Borleyhi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

1400014

#P990000079636

1283

OCEAN MAX CORP.
1247 ALTON RD.
MIAMI BEACH, FL 33139

DATE 4/6/04 63-8413/2670

PAY TO THE ORDER OF Florida Department of State $ 750.00

CIENTO CINCUENTA. DOLLARS

Washington Mutual
Washington Mutual Bank, FA
Miami Beach/Alton Road 1742
1901 Alton Road
Miami Beach, FL 33139
1-800-788-7000
24 hour Customer Service

FOR _____

MP

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