DOCUMENT # P99000079636

1. Entity Name
OCEAN MAX, CORP.

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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

Mailing Address
1247 ALTON RD
MIAMI BEACH, FL 33139

02252005 No Chg-P CR2E034 (10/03)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing)

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

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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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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