

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # S61542

1. Entity Name
MAXIM SALES, INC.



Principal Place of Business
**11059 NASHVILLE DR.
COOPER CITY, FL 33026**

Mailing Address
**11059 NASHVILLE DR.
COOPER CITY, FL 33026**



04272008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0278853

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOCHERMAN, MAX
11059 NASHVILLE DR.
COOPER CITY, FL 33026**

**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 *Max Socherman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000341091
05/28/08-80093-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOCHERMAN, MAX
STREET ADDRESS 11059 NASHVILLE DR.
CITY-ST-ZIP COOPER CITY, FL

TITLE STD
NAME SOCHERMAN, BETTY
STREET ADDRESS 11059 NASHVILLE DR.
CITY-ST-ZIP COOPER CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Max Socherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08

954-437-5555