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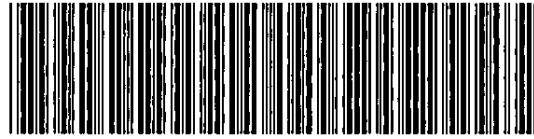
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Max Ace

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07 MAY 24 PM 1:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Max Accessories Inc.
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joannette Rodriguez
(Name of Person)

Max Accessories Inc.
(Firm/Company)

2420 W. 80 Street Bay 2
(Address)

Hialeah FL 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

Joannette Rodriguez at (305) 827-6051
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2006

JEANETTE RODRIGUEZ
MAX ACCESSORIES INC.
2420 W. 80 STREET, BAY 2
HIALEAH, FL 33016

SUBJECT: PART III INCOMPLETE (MAX ACCESSORIES)
Ref. Number: W06000049862

We have received your document for PART III INCOMPLETE (MAX ACCESSORIES) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because you failed to complete the application in its entirety, this office is unable to determine if the proposed mark is available for registration. #2(a) or (b) of Part I and #1 of Part III must be completed before this office can make such a determination. Please amend your application as needed.

In Part I(2)(a) or (b) you must state the goods or services the mark is used in connection with. If the mark is a trademark, you must specify the specific goods or products. If the mark is a service mark, you must specify the exact services you are providing.

#1 of Part III must contain the mark to be registered. If a logo/design is included, you must include a brief written description, which must be 25 words or less.

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, **which may be the same or different.** TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered.

If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 206A00066714

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Max Accessories Inc.
2420 W 80 Street Bay 2
Hialeah FL 33016
(305) 827-6051
Daytime Telephone number

PART I

- 1. (a) Applicant's name: Max Accessories Inc.
- (b) Applicant's business address: 2420 W. 80 Street Bay 2
Hialeah FL 33016
City/State/Zip

If different, Applicant's mailing address: _____
City/State/Zip

- (c) Applicant's telephone number: (_____) _____
- Individual Corporation Joint Venture Other: _____
- General Partnership Limited Partnership Union

If other than an individual,

- (1) Florida registration/document number: P0600011141 (2) Domicile State: Florida
- (3) Federal Employer Identification Number: 20-5451503

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Repair Station - Aircraft hydraulic pumps
Aircraft Accessories

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

N/A

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Business Cards, web site, brochures, letter head

d) The class(es) in which goods or services fall:

Class 37

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 9/11/2006 (b) Date first used in Florida: 9/11/06

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Max Accessories

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Accessories"
" APART FROM THE MARK AS SHOWN.

I, Joannette Rodriguez, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Joannette Rodriguez

Typed or printed name of applicant

Joannette Rodriguez

Applicant's signature
(List name and title)

FILED
MAY 24 PM 1:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF Florida

COUNTY OF Miami Dade

On this 18th day of October, 2006, Joannette Rodriguez personally appeared before me,

who is personally known to me whose identity I proved on the basis of drivers license

(Seal)

F. De La Fuente

Notary Public Signature

F. De La Fuente

Notary's Printed Name

My Commission Expires: 2-1-2010

FEE: \$87.50 per class



Rafael Fuentes
VP Operations



FAA Approved Repair Station MZ9R623Y
EASA Approved

"Hydraulic Solutions"

2420 W 80 Street # 2 • Hialeah, FL 33016
Ph: 305.827.6051 Fax: 305.827.6052
rafael@maxaccessoriesinc.com • www.maxaccessoriesinc.com