


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # V63822 1. Entity Name MAXIMO PLAZA, INC.	
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Principal Place of Business C/O R. GEFFEN 521 NORTE MOUNTAIN AVENUE, SUITE S UPLAND CA 91786	Mailing Address C/O R. GEFFEN 521 NORTE MOUNTAIN AVENUE, SUITE S UPLAND CA 91786
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3145004	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ULRICH, LISA A VECTOR PROPERTIES 526 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG FL 33701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS									
TITLE	<table border="1" style="width:100%"> <tr> <td style="width:50%">P</td> <td style="width:50%; text-align:right"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAGHNAZARZADEH, JOSEF</td> </tr> <tr> <td>STREET ADDRESS</td> <td>521 N. MOUNTAIN AVENUE, SUITE E</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>UPLAND CA 91786</td> </tr> </table>	P	<input type="checkbox"/> Delete	NAME	HAGHNAZARZADEH, JOSEF	STREET ADDRESS	521 N. MOUNTAIN AVENUE, SUITE E	CITY-ST-ZIP	UPLAND CA 91786
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
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 03/08/04-80058-012 150.00

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:  **JOSEF HAGHNAZARZADEH** *2/2/04* *709-985-5476*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #