


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90042 040 ***150.00

DOCUMENT # F03000004580

1. Entity Name
INTERMAX TRADING CORP.



Principal Place of Business Mailing Address
 250 W 57 ST., #1216 250 W 57 ST., #1216
 NEW YORK, NY 10107 NEW YORK, NY 10107

54003311



2. Principal Place of Business 3. Mailing Address
 2079 Wantagh Avenue 2079 Wantagh Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State City & State
 Wantagh, New York Wantagh, New York

Zip Country Zip Country
 11793 U.S. 11793 U.S.

4. FEI Number Applied For
 22-2442891 Not Applicable

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

6. Name and Address of Current Registered Agent
 KOHLI, VIVEK
 8468 NW 77TH CT
 MIAMI, FL 33166

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: *[Handwritten Signature]* DATE: _____

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

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	C <input type="checkbox"/> Delete
NAME	KOHLI, VIVEK
STREET ADDRESS	10845 SW 138TH
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	P <input type="checkbox"/> Delete
NAME	MANJREKAR, INDIRA
STREET ADDRESS	40 RIVER ROAD, #21A
CITY-ST-ZIP	NEW YORK, NY 10044
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manjrekar, Indira
STREET ADDRESS	44 Dante Avenue
CITY-ST-ZIP	Hicksville, NY 11801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *[Handwritten Signature]*