#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N1200006965

## Entity Name: MAXFITONE CARES INC

#### **Current Principal Place of Business:**

941 S. MILITARY TRAIL F2 WEST PALM BEACH, FL 33415

## **Current Mailing Address:**

941 S. MILITARY TRAIL F2 WEST PALM BEACH, FL 33415 US

## FEI Number: 47-4219598

### Name and Address of Current Registered Agent:

MOLINA, JOEL 941 S. MILITARY TRAIL F2 WEST PALM BEACH, FL 33415 US

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. SIGNATURE:

# Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	P	Title	VP
Name	MOLINA, JOEL	Name	QUINONES, EYDIE
Address	941 S. MILITARY TRAIL, F2	Address	941 S. MILITARY TRAIL, F2
City-State-Zip:	WEST PALM BEACH FL 33415	City-State-Zip:	WEST PALM BEACH FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL MOLINA

PRESIDENT

03/06/2019

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 06, 2019 Secretary of State 3295834276CC

Certificate of Status Desired: No

Date