

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006965

**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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MOLINA, JOEL  
Address 941 S. MILITARY TRAIL, F2  
City-State-Zip: WEST PALM BEACH FL 33415

Title VP  
Name QUINONES, EYDIE  
Address 941 S. MILITARY TRAIL, F2  
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**

**05/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date