## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006965

**Entity Name: MAXFITONE CARES INC** 

Littly Name. WAXI ITONE 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

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

FILED Apr 29, 2018

**Secretary of State** 

CC5811961208

Officer/Director Detail:

Title P Title V

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

Title SEC

Name FERRER, GLADYS

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 PRES

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 04/29/2018

Date