

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

DOCUMENT# N12000008778

**Entity Name:** 2THEMAXX, INC.

**Current Principal Place of Business:**

9360 NW 26TH STREET  
SUNRISE, FL 33322

**Current Mailing Address:**

9360 NW 26TH STREET  
SUNRISE, FL 33322

**FEI Number:** 32-0389590

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MAXWELL, LISA  
9360 NW 26TH STREET  
SUNRISE, FL 33322 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                   | Title           | VP                  |
| Name            | MAXWELL, LISA D     | Name            | MAXWELL, ROBERT     |
| Address         | 9360 NW 26TH STREET | Address         | 9360 NW 26TH STREET |
| City-State-Zip: | SUNRISE FL 33322    | City-State-Zip: | SUNRISE FL 33322    |

*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:** LISA MAXWELL

**PRESIDENT**

**04/25/2019**

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

\_\_\_\_\_  
Date