

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000079133

**Entity Name:** MAXIMS SOLUTIONS, CORP

**Current Principal Place of Business:**

5440 NORTH, STATE ROAD 7  
202  
FORT LAUDERDALE, FL 33319

**Current Mailing Address:**

5440 NORTH, STATE ROAD 7  
202  
FORT LAUDERDALE, FL 33319

**FEI Number:** 45-0519239

**Certificate of Status Desired:** No

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

CADAGAN BUSINESS SOLUTION & ASSOCIATES  
5440 N. STATE RD. 7  
SUITE 221  
FORT LAUDERDALE, FL 33319 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 DE LEON, JEANNETTE  
Address 5440 NORTH STATE ROAD 7 SUITE  
202  
City-State-Zip: FORT LAUDERDALE FL 33319

Title S  
Name DE LEON, JEANNETTE  
Address 5440 NORTH STATE ROAD 7 SUITE  
202  
City-State-Zip: FORT LAUDERDALE FL 33319

Title VP  
Name DE LEON J, EANNETTE MRS  
Address 5440 NORTH STATE ROAD 7 SUITE  
202  
City-State-Zip: FORT LAUDERDALE FL 33319

Title T  
Name DE LEON, JEANNETTE  
Address 5440 NORTH STATE ROAD 7 SUITE  
202  
City-State-Zip: FORT LAUDERDALE FL 33319

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEANNETTE DE LEON

**PRESIDENT**

**04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date