2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

DOCUMENT# P03000079133

Entity Name: MAXIMS SOLUTIONS, CORP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 45-0519239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADAGAN BUSINESS SOLUTION & ASSOCIATES
5440 N. STATE RD. 7
SUITE 221
FORT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: T
Name: DE LEON, JEANNETTE
Address: 5440 NORTH STATE ROAD 7 SUITE 202
City-St-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 P 03/25/2011

Electronic Signature of Signing Officer or Director Date