


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P98000007915 1. Entity Name MAX LEVINE INSURANCE SALES, INC.	
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Principal Place of Business 7880 N. UNIVERSITY DR., SUITE 302 TAMARAC, FL 33321	Mailing Address 7880 N. UNIVERSITY DR., STE. 302 TAMARAC, FL 33321
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04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0809353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEVINE, MAX 7880 N. UNIVERSITY DR., STE. 302 TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEVINE, MAX 7880 N. UNIVERSITY DR., STE. 302 TAMARAC, FL 33321
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<p>U00000895145 04/24/08-80056-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Max Levine **MAX LEVINE**

4/10/08

Date

954-721-1500

Daytime Phone #