

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007915

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** MAX LEVINE INSURANCE SALES, INC.

**Current Principal Place of Business:**

7880 N. UNIVERSITY DR.,  
SUITE 302  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7880 N. UNIVERSITY DR., STE.  
SUITE 302  
TAMARAC, FL 33321

**New Mailing Address:**

7880 N. UNIVERSITY DR.,  
SUITE 302  
TAMARAC, FL 33321

**FEI Number:** 65-0809353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINE, MAX  
7880 N. UNIVERSITY DR.,  
SUITE 302  
TAMARAC, FL 33321 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:** MR.  
**Name:** LEVINE, MAX  
**Address:** 7880 N. UNIVERSITY DR., STE. 302  
**City-St-Zip:** TAMARAC, FL 33321

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:** MAX LEVINE

MR.

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date