

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007915

FILED
Apr 23, 2012
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.,
SUITE 302
TAMARAC, FL 33321

New Mailing Address:

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

PRES

04/23/2012

Electronic Signature of Signing Officer or Director

Date