

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L63470

**Entity Name:** MAXALINE ENTERPRISES, INC.

**Current Principal Place of Business:**

5250 TOWN CENTER CIRCLE  
SUITE 119  
BOCA RATON, FL 33486-1067

**Current Mailing Address:**

5250 TOWN CENTER CIRCLE  
SUITE 119  
BOCA RATON, FL 33486-1067

**FEI Number:** 65-0257298

**Certificate of Status Desired:** Yes

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

NIDDAM, ALINE  
5250 TOWN CENTER CIRCLE  
SUITE 119  
BOCA RATON, FL 33486 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            DP  
Name            NIDDAM, ALINE  
Address        5250 TOWN CTR CIR #119  
City-State-Zip: BOCA RATON FL 33486

Title            DVP  
Name            NIDDAM, MAX  
Address        5250 TOWN CTR CIR #119  
City-State-Zip: BOCA RATON FL 33486

*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:** ALINE NIDDAM

**PRESIDENT**

**01/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date