

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000033900

**Entity Name:** SERVICE MAX INTERNATIONAL, INC

**Current Principal Place of Business:**

914 SAINT CLAIR ST  
M-136  
MELBOURNE, FL 32935

**Current Mailing Address:**

914 SAINT CLAIR ST  
M-136  
MELBOURNE, FL 32935

**FEI Number:** 45-1497646

**Certificate of Status Desired:** No

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

VARGAS, JOSE R  
914 SAINT CLAIR ST  
M-136  
MELBOURNE, FL 32935 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            PRES  
Name            VARGAS, JOSE R  
Address        914 SAINT CLAIR ST, SUITE M-136  
City-State-Zip: MELBOURNE FL 32935

Title            SECRETARY  
Name            VARGAS, DAIDRY E  
Address        914 SAINT CLAIR ST  
                  M-136  
City-State-Zip: MELBOURNE FL 32935

Title            OPERATIONS MANAGER  
Name            SANGUINO, VICTOR H  
Address        914 SAINT CLAIR ST  
                  M-136  
City-State-Zip: MELBOURNE FL 32935

Title            PRODUCTION MANAGER  
Name            ZOQUE, DIEGO  
Address        914 SAINT CLAIR ST  
                  M-136  
City-State-Zip: MELBOURNE FL 32935

Title            FIELD ESTIMATOR  
Name            PENA, RICARDO  
Address        914 SAINT CLAIR ST  
                  M-136  
City-State-Zip: MELBOURNE FL 32935

*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:** JOSE RAFAEL VARGAS

**PRESIDENT**

**09/05/2020**

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

\_\_\_\_\_  
Date