

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000005436

**Entity Name:** MAXIM CONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

5020 N. COOLIDGE AVE  
BLDG 1, SUITE D  
TAMPA, FL 33614

**Current Mailing Address:**

5020 N. COOLIDGE AVE  
BLDG 1, SUITE D  
TAMPA, FL 33614 US

**FEI Number:** 45-4305499

**Certificate of Status Desired:** No

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

ALVAREZ, ANDRES  
5020 N. COOLIDGE AVE  
BLDG 1, SUITE D  
TAMPA, FL 33614 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	P
Name	ALVAREZ, ANDRES
Address	5020 N. COOLIDGE AVE BLDG 1, SUITE D
City-State-Zip:	TAMPA FL 33614
Title	COMPTROLLER
Name	EDWARDS, MARINA MARLENE
Address	5020 N. COOLIDGE AVE BLDG 1, SUITE D
City-State-Zip:	TAMPA FL 33614

Title	VP
Name	ALVAREZ, ANDY
Address	5020 N. COOLIDGE AVE BLDG 1, SUITE D
City-State-Zip:	TAMPA FL 33614

*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:** ANDRES ALVAREZ

**PRESIDENT**

**01/28/2019**

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

\_\_\_\_\_  
Date