

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000054428

**Entity Name:** PROMAX PRODUCT INC

**Current Principal Place of Business:**

317 COVENTRY ESTATES BOULEVARD  
DELTONA, FL 32725

**Current Mailing Address:**

PO BOX 5694  
DELTONA, FL 32725 US

**FEI Number:** 83-0964632

**Certificate of Status Desired:** No

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

ACEVEDO, LUIS  
317 COVENTRY ESTATES BOULEVARD  
DELTONA, FL 32725 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            PRESIDENT  
Name            ACEVEDO, LUIS  
Address        PO BOX 5694  
City-State-Zip: DELTONA FL 32725

Title            SECRETARY  
Name            ACEVEDO, LUIS 111  
Address        PO BOX 5694  
City-State-Zip: DELTONA FL 32725

Title            TREASURER  
Name            ACEVEDO, EMILY  
Address        PO BOX 5694  
City-State-Zip: DELTONA FL 32725

*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:** LUIS A ACEVEDO

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date