

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000011674

**Entity Name:** HANDYMAX SOLUTIONS INC.

**Current Principal Place of Business:**

6017 PINE RIDGE RD.  
#213  
NAPLES, FL 34119

**Current Mailing Address:**

6017 PINE RIDGE RD.  
#213  
NAPLES, FL 34119 US

**FEI Number:** 88-0913877

**Certificate of Status Desired:** No

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

VICUNA, CHARLES A  
5246 KARLIA DRIVE  
AVE MARIA, FL 34142 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 VICUNA, CHARLES A  
Address 5246 KARLIA DR  
City-State-Zip: AVE MARIA FL 34142

Title VP  
Name VICUNA, CECILIA  
Address 5246 KARLIA DR  
City-State-Zip: AVE MARIA FL 34142

*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:** CECILIA VICUNA

VP

04/15/2024

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

\_\_\_\_\_  
Date