

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 2/18/2021 2:08 PM EST

Confirmation Number: 7697
Amended Confirmation Number: 7622

Employer Information

Name: Max Borges Marketing Solutions
Address: 80 SW 8th Street, Suite 1900
City: Miami
State: FL
Zip Code: 33130

Plan Administrator Information

Name: Max Borges Marketing Solutions
Address: 80 SW 8th Street, Suite 1900
City: Miami
State: FL
Zip Code: 33130
Phone: 8455275486
Email: stacymaldonado@maxborgesagency.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Max Borges Marketing Solutions	Number of Employees: 41
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Additional Information:

There are 3 employees who fall under the Top Hat agreement. Previously reported 1.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 7697. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.