


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

03-28-2006 90135 024 ***150.00

DOCUMENT # P04000159546 1. Entity Name AXIS 2324,INC	
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Principal Place of Business CC 980 P.O BOX 025323 MIAMI, FL 33102-532	Mailing Address CC 980 P.O BOX 025323 MIAMI, FL 33102-532
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66014464



04262006 No Chg-P CR2E034 (11/05)

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4. FEI Number 98-0445970	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBAYNA, MARIA EUGENIA 17600 COLLINS AVENUE SUNNY ISLES, FL 33160
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHURA, FAZAL CC 980 P.O BOX 025323 MIAMI, FL 33102/532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO, RAFAEL CC 980 P.O BOX 025323 MIAMI, FL 33102/532
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____ Date: 4/26/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR