

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017772

FILED
Feb 25, 2008
Secretary of State

Entity Name: AXON AMERICAN GROUP CORP

Current Principal Place of Business:

2700 NE 135TH ST
6
NORTH MIAMI, FL 331813543 US

New Principal Place of Business:

Current Mailing Address:

2700 NE 135TH ST
6
NORTH MIAMI, FL 331813543 US

New Mailing Address:

FEI Number: 20-4262584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEAL, SHEILA
2700 NE 135TH ST
6
NORTH MIAMI, FL 331813543 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAYAN-BARNATAN, LAZARO E
Address: 2700 NE 135TH ST APT 6
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: VP () Delete
Name: MICHEAL, SHEILA
Address: 2700 NE 135TH ST APT 6
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHEILA MICHAEL

VP

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date