


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000010262

1. Entity Name
AXIS ART AND DESIGN, INC.



Principal Place of Business 6808 N.W. 284TH TERRACE HIGH SPRINGS FL 32643	Mailing Address 6808 N.W. 284TH TERRACE HIGH SPRINGS FL 32643
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent

**BARRETT, RICHARD L ESQ
 BARRETT, CHAPMAN & RUTA, P.A.
 18 WALL STREET
 ORLANDO FL 32801**



MOORE CR2E034 (11/03)

4. FEI Number **59-3420037** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME	PIAZZA, JAMES			NAME			
STREET ADDRESS	7650 ESTERO BLVD #604			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH FL 33931			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME	BERARDI, ED			NAME			
STREET ADDRESS	6808 N.W. 284TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL 32643			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME	LATONA, MICHAEL			NAME			
STREET ADDRESS	1673 PARK MEADOW DR #3			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME	DROBOVIC, VICTOR			NAME			
STREET ADDRESS	2629 SE 20TH PL			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME	WEBER, CAROL			NAME			
STREET ADDRESS	9807 MAINSAIL CT			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> ADD
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Berardi **EDUARDO BERARDI** 4-20-04 386-454-4836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #