

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003481

Entity Name: AXIS USA, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

2623 GRAND BLVD
#206
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

6630 EMBASSY BLVD., SUITE B
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 36-3561208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIGELOW, KRISTINE
6630 EMBASSY BLVD., SUITE B
PORT RICHEY, FL 34668

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: CP () Delete
Name: BECHERUCCI, RAFFAELE
Address: VIA L.B. ALBERTI, 53
City-St-Zip: TAVARNELLE, VP FIRENZE,

Title: VCT () Delete
Name: MUNEGHINA, DIEGO
Address: VIA L.B. ALBERTI, 53
City-St-Zip: TAVARNELLE, VP FIRENZE,

Title: D () Delete
Name: BECHERUCCI, ANTONIO
Address: VIA L.B. ALBERTI, 53
City-St-Zip: TAVARNELLE, VP FIRENZE,

Title: D () Delete
Name: BOVO, PAOLO
Address: VIA L.B. ALBERTI, 53
City-St-Zip: TAVARNELLE, VP FIRENZE,

Title: RO () Delete
Name: ANCHETA, CHRISTIENNE
Address: 7508 HIGHWATER DR., APT. A5
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTIENNE ANCHETA

RO

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date