

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152732

Entity Name: AXIOM INSURANCE SERVICES, INC.

Current Principal Place of Business:

21011 NE 21 CT
MIAMI, FL 33179

Current Mailing Address:

21011 NE 21 CT
MIAMI, FL 33179

FEI Number: 20-3805425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LECOMPTE, GRANVILLE
21011 NE 21 CT
MIAMI, FL 33179 US

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

Officer/Director Detail :

Title D
Name LECOMPTE, GRANVILLE A
Address 21011 NE 21 CT
City-State-Zip: MIAMI FL 33179

I hereby 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 all other like empowered.

SIGNATURE: GRANVILLE LECOMPTE

DIRECTOR

02/20/2014

Electronic Signature of Signing Officer/Director Detail

Date