

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000003724

Entity Name: AXXES CAPITAL INC.

Current Principal Place of Business:

3011 PONCE DE LEON BLVD
SUITE 1420
CORAL GABLES, FL 33134

Current Mailing Address:

3011 PONCE DE LEON BLVD
SUITE 1420
CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VC
Name SCHOTTENSTEIN, JAY
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name COLLINGSWORTH, CONNIE
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BILL OWENS, ADMIRAL
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BEJAR, MARTHA
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name SANSOM, STEVEN
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ERVIN, ERIC
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

Title CEO
Name DAGROSA, JOSEPH JR.
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

Title CHIEF ADMINISTRATIVE OFFICER
Name KAPLAN, ADAM
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134

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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: ADAM KAPLAN

**CHIEF ADMINISTRATIVE
OFFICER**

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC
Name BOOK, ROBERT
Address 3011 PONCE DE LEON BLVD
SUITE 1420
City-State-Zip: CORAL GABLES FL 33134