

03/07/2005 13:40 3858540575

JUAN SERNA

FILED
Apr 15, 2005 8:00 am
Secretary of State

03-21-2005 90109 012 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 569899	
1. Entity Name A.X.O. CHEMICAL, INC.	
Principal Place of Business 5931 S.W. 50 ST. MIAMI, FL 33155 US	Mailing Address 5931 S.W. 50 ST. P O BOX 557973 MIAMI, FL 33255



66010179



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

e. (FE) Number 59-1993405	Applied For Not Applicable
b. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent FERNANDEZ, GUILLERMO 5931 S.W. 50 ST. MIAMI, FL 33155-3309		DO NOT WRITE IN THIS SPACE
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9. 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: *[Signature]* **CORPORATE SECRETARY** 3/14/05
Signature, word or printed name of registered agent and his/her address. NOTE: Registered Agent signature required under registration. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, SILVIA E. 5931 SW 50 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, GUILLERMO 5931 S.W. 50 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(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 of assets empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]* **CORPORATE SECRETARY** (305) 663-1820
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR DATE DAY/MONTH/YEAR

3/14/05
4/13/05