

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000005793

1. Entity Name
STASSI INTERAXX, INC.



Principal Place of Business
**249 NW 15TH ST
BOCA RATON, FL 33432**

Mailing Address
**249 NW 15TH ST
BOCA RATON, FL 33432**

FILED

06 SEP 18 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WOOD, MARK
249 NW 15TH ST
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP MARTINEZ, DANIEL L 6711 SW 5TH TERRACE MIAMI, FL 33144
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP WOOD, MARK A 249 NW 15TH ST BOCA RATON, FL 33432
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

300080030783
09/21/06--01036--003 **550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. Wood, VP

Sept 6, 2006

Date

561-866-4357

Daytime Phone #

209/20