2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 21, 2006
Secretary of State

DOCUMENT# L05000038825

Entity Name: AXEL CONSULTING LLC

Current Principal Place of Business:

53RD STREET, URBANIZACION OBARRIO, SWISS T
OWER, 16TH FLOOR
CIUDAD DE PANAMA, XX

New Principal Place of Business:

53RD STREET, URBANIZACION OBARRIO, SWISS T
OWER, 16TH FLOOR
PANAMA, PA XX

Current Mailing Address:

53RD STREET, URBANIZACION OBARRIO, SWISS T
OWER, 16TH FLOOR
CIUDAD DE PANAMA, XX

New Mailing Address:

53RD STREET, URBANIZACION OBARRIO, SWISS T
OWER, 16TH FLOOR
PANAMA, PA XX

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

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: CORPORATE CREATIONS NETWORK, INC

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DAVIS, LUIS A
Address: 53RD STREET, URBANIZACION OBARRIO, SWISS T
City-St-Zip: CIUDAD DE PANAMA, XX

ADDITIONS/CHANGES:

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVIS,LUIS MGR 09/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date