

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L10598

Entity Name: AXON CIRCUIT, INC.

**FILED**  
**May 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

424 WARE BLVD  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

424 WARE BLVD  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number: 59-2993807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, CHANDRAKANT  
2341 VALRICO FOREST DR  
VALRICO, FL 33594 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PATEL, CHANDRAKANT  
Address: 2341 VALRICO FOREST DR  
City-St-Zip: VALRICO, FL 33594

Title: VD  
Name: SANGHANI, JAYAN  
Address: 2015 BELL RACH ST  
City-St-Zip: BRANDON, FL 33511

Title: STD  
Name: PATEL, SURESH  
Address: 445 S 12TH STREET, UNIT 2901  
City-St-Zip: TAMPA, FL 33602

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: CHANDRAKANT PATEL

PD

05/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date