


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000001125 1. Entity Name AXIS DEVELOPMENT CORPORATION |  |
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|--|--|
| Principal Place of Business 301 OCEAN DRIVE KEY BISCAYNE, FL 33149 | Mailing Address 301 OCEAN DRIVE KEY BISCAYNE, FL 33149 |
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03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 65-1113504 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CASTILLO, MARTHA 2100 PONCE DE LEON BLVD, STE 1203 CORAL GABLES, FL 33134 |
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**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

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000908483 05/06/08-80032-012 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUJAN, ZORAIDA 301 OCEAN DRIVE KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RODRIGUEZ, MARIA A 445 GRAND BAY DRIVE, #101 KEY BISCAYNE, FL 33149 |
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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

April 15, 2008 (305) 361-5441
Date Daytime Phone #