


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90016 005 ***150.00

DOCUMENT # P00000040419 1. Entity Name AXIS STUDIO, INC.	
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11879 KESWICKWAY
WEST PALM BEACH, FL.

Principal Place of Business 6811 NW 27TH STREET MARGATE, FL 33063	Mailing Address 33412 6811 NW 27TH STREET MARGATE, FL 33063 SAME AS PLACE OF BUSINESS.
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40018750



DO NOT WRITE IN THIS SPACE

02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1000640	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERNIN, DAVID
6811 NW 27TH STREET
MARGATE, FL 33063

11879 KESWICKWAY
WEST PALM BEACH, FL 33412

**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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	DPS CHERNIN, DAVID 6811 NW 27TH STREET MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-14-05 (954) 501-4686

Date

Daytime Phone #