


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90478 044 \*\*\*150.00

<b>DOCUMENT # P00000054139</b> 1. Entity Name <b>AXIS SOLUTIONS CORPORATION</b>																											
Principal Place of Business <b>2314 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134</b>		Mailing Address <b>901 PONCE DE LEON BLVD 606 CORAL GABLES, FL 33134</b>																									
2. Principal Place of Business <b>166 Alhambra Circle Suite, Apt. #, etc. 2nd Floor Coral Gables, FL 33134</b>		3. Mailing Address <b>166 Alhambra Circle Suite, Apt. #, etc. 2nd Floor Coral Gables, FL 33134</b>																									
4. FEI Number <b>65-1082062</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05032004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent <b>MARINO, ANTHONY 2314 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Marino, Anthony</b> Street Address (P.O. Box Number is Not Acceptable) <b>166 Alhambra Circle, 2nd Floor</b> City <b>Coral Gables</b> FL <b>33134</b>																									
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 <b>Anthony Marino</b> (NOTE: Registered Agent signature required when reinstating) DATE																											
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARINO, ANTHONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2314 PONCE DE LEON BLVD. SUITE 201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	MARINO, ANTHONY		STREET ADDRESS	2314 PONCE DE LEON BLVD. SUITE 201		CITY-ST-ZIP	CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Marino, Anthony</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>166 Alhambra Circle, 2nd Floor</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Gables, FL 33134</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Marino, Anthony		STREET ADDRESS	166 Alhambra Circle, 2nd Floor		CITY-ST-ZIP	Coral Gables, FL 33134	
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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: <b>Anthony Marino</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																									