

Mar 27 04 09:36a

LAM Accounting

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90004 039 ***158.75

DOCUMENT # P0000090791

1. Entity Name

DAXER, INC.

Principal Place of Business

**C/O LUZ A. MORALES
17411 NW 8TH STREET
PEMBROKE PINES FL 33029**

Mailing Address

**C/O LUZ A. MORALES
17411 NW 8TH STREET
PEMBROKE PINES FL 33029****54024412****MOORE CR2E034 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1067826**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAITAN, MAURICIO
1866 NW 139TH AVE
PEMBROKE PINES FL 33028**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

03/29/04

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2004 Fee will be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GAITAN, MAURICIO	
STREET ADDRESS	1866 NW 139TH AVE	
CITY - ST - ZIP	PEMBROKE PINES FL 33028	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NIETO, ALBA LUZ	
STREET ADDRESS	1866 NW 139TH AVE	
CITY - ST - ZIP	PEMBROKE PINES FL 33028	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

03/29/04

Date

(954) 436-5099

Daytime Phone #