

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000095620

1. Entity Name
AXEL USA INVESTMENTS, INC.



Principal Place of Business
**11149 NW 122ND STREET
MEDLEY, FL 33178**

Mailing Address
**11149 NW 122ND STREET
MEDLEY, FL 33178**



03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1055067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOLARTE, LUZ E
11139 NW 122ND STREET
MEDLEY, FL 33178**

**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 re-registering)

DATE _____

**FILE NOW!!! FEB 18 \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BACCA, ANDREA D**
STREET ADDRESS **11149 NW 122ND STREET**
CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE **D**
NAME **SOTO, DIEGO B**
STREET ADDRESS **11149 NW 122ND STREET**
CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE **P**
NAME **SOLARTE, LUZ E**
STREET ADDRESS **11149 NW 122ND STREET**
CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

Andrea Bacca

ANDREA BACCA

3/2/2007
Date

(305) 882-1031
Daytime Phone #