2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90062 006 ***150.00

DOCUMENT # P00000114951

1. Entity Name

FAXAS GROUP, INC.

Principal Place of Business	Mailing Address
1401 NE MIAMI GARDENS DRIVE #1088 MIAMI FL 33179	1401 NE MIAMI GARDENS DRIVE #1088 MIAMI FL 33179

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
665 N.E. 195ST	665 NE 195ST
Suite, Apt. #, etc.: 423	Suite, Apt. #, etc.: 423
City & State: NMB FL	City & State: NMB. FL
Zip: 33179 Country: Dade-USA	Zip: 33179 Country: USA

4. FEI Number 65-1071927 ☐ Applied For ☐ Not Applicable

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
MESTRE, OCTAVIO 328 MINORCA AVENUE 2ND FLOOR CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) N/A 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FAXAS, JESSE ~~1401 NE MIAMI GARDENS DR. #1088~~ ~~MIAMI FL 33179~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	New Address: 665 N. E 195ST #423 NMB FL 33179.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jesse Faxas, Pres. 2-14-05 305-439-7085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #