



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000108206 1. Entity Name CAXEM, INC.						FILED 07 NOV 16 PM 2:31 TALLAHASSEE, FLORIDA	
Principal Place of Business 701 BRICKELL AVENUE SUITE 2620 MIAMI, FL 33131				Mailing Address 6701 NW 7TH STREET 125 MIAMI, FL 33126			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 250 Biscayne Blvd		 REINSTATEMENT			
Suite, Apt. #, etc. 1570		Suite, Apt. #, etc. 1570		4. FEI Number 65-1152692		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Miami FL		City & State Miami FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PILON, DIDIER 7863 NW 15TH STREET MIAMI, FL 33126	
Zip 33131		Country USA		7. Name and Address of New Registered Agent Name Lawrence A. Heller, Esq. Street Address (P.O. Box Number is Not Acceptable) 250 Biscayne Blvd Suite - 1570 City miami		FL 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME DILON, DIDIER STREET ADDRESS 7863 NW 15TH STREET CITY-ST-ZIP MIAMI, FL 33126				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 300112075003 NAME 11/07/07--01024--018 STREET ADDRESS **600.00 CITY-ST-ZIP			
TITLE VP NAME SANCHEZ, MARIA P STREET ADDRESS 6701 NW 7TH STREET, SUITE 125 CITY-ST-ZIP MIAMI, FL 33126				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 300112075003 NAME 11/28/07--01007--009 STREET ADDRESS **150.00 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 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: Maria P. Sanchez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 11/06/07 Daytime Phone #: 305 358 3580			