

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113102

FILED
Jan 30, 2007
Secretary of State

Entity Name: PRAXIS MANAGEMENT INC.

Current Principal Place of Business:

PO BOX 864
MIAMI BEACH, FL 33119 US

New Principal Place of Business:

1880 WEST AVE
SUITE 123
MIAMI BEACH, FL 33139 US

Current Mailing Address:

PO BOX 864
MIAMI BEACH, FL 33119 US

New Mailing Address:

1880 WEST AVE
SUITE 123
MIAMI BEACH, FL 33139 US

FEI Number: 65-1155592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX-ASCENCIOS, LAUREN
696 NE 71ST STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARX-ASCENCIOS, LAUREN
Address: 696 NE 71ST STREET
City-St-Zip: MIAMI, FL 33138

Title: CFO () Delete
Name: MARX-ASCENCIOS, LAUREN
Address: 696 NE 71ST STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN MARX ASCENCIOS

P

01/30/2007

Electronic Signature of Signing Officer or Director

Date