


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000012938		
1. Entity Name AUXESIS CORP.		
Principal Place of Business 4171 W. HILLSBORO BLVD SUITE 7 COCONUT CREEK, FL 33073	Mailing Address 12031 NW 50TH DR. CORAL SPRINGS, FL 33076	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BIROSCAK, VINCENT JR. 12031 NW 50TH DR. CORAL SPRINGS, FL 33076		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO BIROSCAK, VINCENT JR. 12031 NW 50TH DR. CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO BIROSCAK, MARGARET J 12031 NW 50TH DR. CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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: <u>Vincent Birosca Jr.</u> <u>Vincent Birosca Jr.</u> 8-2-2004 954 421-1112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0864173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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09/03/04-80005-017 550.00

**DO NOT WRITE  
IN THIS SPACE**