

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90075 013 \*\*\*150.00

DOCUMENT # P02000083941

1. Entity Name  
COAXIS INTERNATIONAL, INC



Principal Place of Business  
3411 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

Mailing Address  
3411 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #  
1650 Summit Lake Dr.

3. Mailing Address  
2606 Centennial Place

Suite, Apt. #, etc.  
Suite 105

Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

4. FEI Number  
22-3865021

Applied For  
Not Applicable

Zip  
32317

Country  
USA

Zip  
32308

Country  
USA

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

COOPER, CHARLES L JR ESQ  
3520 THOMASVILLE RD., STE. 200  
TALLAHASSEE, FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME REGLAT, CHRISTOPHE SR  
STREET ADDRESS 1125 HIGH MEADOW DR  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE S ☐ Delete  
NAME REGLAT, LAURENT SR  
STREET ADDRESS 3, CHEMIN DES AUBIERS  
CITY-ST-ZIP GONTAUD DE NOGARET, FR 47400

TITLE S ☐ Delete  
NAME SANCHEZ, MURIEL MRS.  
STREET ADDRESS 5643 MARIE ROSE DUROCHER  
CITY-ST-ZIP MONTREAL, PQ H1T3Z1

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4257 Summertree Dr.  
CITY-ST-ZIP Tallahassee, FL 32311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Christophe Reglat*

Christophe Reglat President

Date

Daytime Phone

4/3/07 850 2195757