

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-29-2004 90090 013 ***150.00

P02000094479

FILED

05 JUN 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
34003300



RECEIVED MOORE CR2E034 (11/03) 04-05

DOCUMENT # P02000094479

1. Entity Name
AXIOMA TRADING CORP



Principal Place of Business
**8563 NW 72 ST. 15382 SW 39 Ln.
MIAMI FL 33166 Miami, FL 33185**

Mailing Address
**8563 NW 72 ST. 15382 SW 39 Ln.
MIAMI FL 33166 Miami, FL 33185**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FBI Number
41-2057550

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOSCOSO, MARLON
8563 NW 72 ST.
MIAMI FL 33166**

7. Name and Address of New Registered Agent
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, 2004 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	X P. MONTES, MELITZA 8563 NW 72 ST. 15382 SW 39 Lane MIAMI FL 33166 Miami, Florida 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100056487111 06/23/05--01066--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSCOSO, MARLON 8563 NW 72 ST. MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **MELITZA MONTES** **06/09/05** **7862854707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1862 NW 82nd Av. Miami Florida 33126 Tel 1-305 7484490 FAX 1-305 7484491

Miami, Florida June 9, 2005

FLORIDA DEPARTMENT OF STATE

Att: Sean Toner

Senior Administrator

Division of Corporations

P.O. BOX 6327 Tallahassee, FL 323174

Ref. Your letter 505 A00038931

Ref. Number : P02000094479

I have just receive your communication in reference.

Let me tell you that we did not receive the report that you mention on March or anytime after that.

Now, I am including the same check that was returned for US\$150.00 in order to submit the reinstatement of my corporation and active it .

Again thank you for your time and help.


Melitza Montes
Cel. 786 2854707 Miami, Florida

Include : 2004 For Profit corporation annual report (AR) with the corrections and signed.