

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000123687

**FILED**  
**Sep 02, 2009**  
**Secretary of State**

**Entity Name:** AXIS ENGINEERING CONSULTANTS, INC.

**Current Principal Place of Business:**

10640 SW 96 STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

14201 SW 66 ST - APT 501A  
MIAMI, FL 33183

**Current Mailing Address:**

10640 SW 96 STREET  
MIAMI, FL 33176

**New Mailing Address:**

14201 SW 66 ST - APT 501A  
KEY BISCAYNE, FL 33183

**FEI Number:** 11-3665012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JORGE, ORTIZ A  
10640 SW 96 STREET  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

LUIS, BUSTAMANTE  
14201 SW 66 ST - APT 501A  
MIAMI, FL 33183 US

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: LUIS BUSTAMANTE

09/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: ORTIZ, JORGE A  
Address: 10640 SW 96 STREET  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: BUSTAMANTE, LUIS E  
Address: 8820 SW 123 COURT, L-208  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: SALAZAR, MAURICIO  
Address: 140 BUTTONWOOD DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V.P. (X) Change ( ) Addition  
Name: BUSTAMANTE, LUIS E  
Address: 14201 SW 66 ST - APT 501A  
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify 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: MAURICIO SALAZAR

PRES

09/02/2009

Electronic Signature of Signing Officer or Director

Date