

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114693

Entity Name: PSICOAXIS CORPORATION

FILED
Jun 04, 2009
Secretary of State

Current Principal Place of Business:

1451 S. MIAMI AVE.
3308
MIAMI, FL 33130

New Principal Place of Business:

1451 S MIAMI AVE
APT 3108
MIAMI, FL 33130 US

Current Mailing Address:

1451 S. MIAMI AVE.
3308
MIAMI, FL 33130

New Mailing Address:

PO BOX 310958
MIAMI, FL 33231 US

FEI Number: 20-1461551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ, NANCY
1451 S. MIAMI AVE,
3108
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

ALVAREZ, NANCY
1451 S MIAMI AVE
APT 3308
MIAMI, FL 33130 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: NANCY ALVAREZ

06/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, NANCY
Address: 1451 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33130

Title: SD () Delete
Name: FERNANDEZ-ALVAREZ, ESTEFANIA
Address: 1451 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVAREZ, NANCY
Address: 1451 S MIAMI AVE
City-St-Zip: MIAMI, FL 33130

Title: SD (X) Change () Addition
Name: FERNANDEZ, ESTEFANIA
Address: 42 AVE B APT 7
City-St-Zip: NEW YORK, NY 10009 US

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: NANCY ALVAREZ

PD

06/04/2009

Electronic Signature of Signing Officer or Director

Date