

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

03-28-2006 90135 024 ***150.00

DOCUMENT # P04000159546 1. Entity Name AXIS 2324,INC	
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Principal Place of Business CC 980 P.O BOX 025323 MIAMI, FL 33102-532	Mailing Address CC 980 P.O BOX 025323 MIAMI, FL 33102-532
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66014464



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0445970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBAYNA, MARIA EUGENIA
 17600 COLLINS AVENUE
 SUNNY ISLES, FL 33160

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

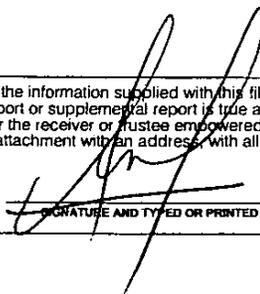
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHURA, FAZAL CC 980 P.O BOX 025323 MIAMI, FL 33102/532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO, RAFAEL CC 980 P.O BOX 025323 MIAMI, FL 33102/532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____ Date: 4/26/06 Daytime Phone # _____