2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008
Secretary of State

DOCUMENT# P05000152732

Entity Name: AXIOM INSURANCE SERVICES, INC.

Current Principal Place of Business:

3079 NE 210THSTREET
AVENTURA, FL 33180

New Principal Place of Business:

18350 NW 2ND AVE
#302
MIAMI, FL 33169

Current Mailing Address:

3079 NE 210TH STREET
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-3805425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LECOMPTE, GRANVILLE
3079 NE 210TH STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LECOMPTE, GRANVILLE
Address: 3079 NE 210TH STREET
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GRANVILLE A. LECOMPTE DIRE 02/01/2008
Electronic Signature of Signing Officer or Director Date