2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P05000152732

Entity Name: AXIOM INSURANCE SERVICES, INC.

Current Principal Place of Business:

18350 NW 2ND AVE
#302
MIAMI, FL 33169

New Principal Place of Business:

21011 NE 21 CT
MIAMI, FL 33179

Current Mailing Address:

21011 NE 21 CT
MIAMI, FL 33179

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
21011 NE 21 CT
MIAMI, FL 33179 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

OFFICERS AND DIRECTORS:

Title: D
Name: LECOMPTE, GRANVILLE A
Address: 21011 NE 21 CT
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: GRANVILLE A. LECOMPTE DIRE 02/22/2011

Electronic Signature of Signing Officer or Director Date