


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000049850</b> 1. Entity Name PRAXITELIS CORPORATION	
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Principal Place of Business 5026 EAST 15TH STREET BRADENTON, FL 34203	Mailing Address 5026 EAST 15TH STREET BRADENTON, FL 34203
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**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4667089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

LAVDARI, ALTIN  
5026 EAST 15TH STREET  
BRADENTON, FL 34203

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	00000082-905 02/26/08-80061-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T LAVDARI, ALTIN 5120 18TH LANE EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAVDARI, ROZANA 5120 18TH LANE EAST BRADENTON, FL 34203
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**DO NOT WRITE IN THIS SPACE**

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: Rozana Lavdari 2-4-08 (941) 727-5740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #