

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90015 019 ***150.00

DOCUMENT # P06000061791

1. Entity Name
AXT CONSTRUCTION CORP.



Principal Place of Business
2201 NE 136 LN
NORTH MIAMI, FL 33181

Mailing Address
2201 NE 136 LN
NORTH MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #
13601 NE 20th ST
Suite, Apt. #, etc.

3. Mailing Address
13601 NE 20th ST
Suite, Apt. #, etc.

City & State
NORTH MIAMI FL
Zip
33181
Country

City & State
NORTH MIAMI FL
Zip
33181
Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number
20 4812036

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AXT, RICARDO JULIO
2201 NE 136 LN
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
13601 NE 20th ST
City
NORTH MIAMI FL Zip Code
33181

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: Revised Agent signature required when reconstituting) DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD AXT, RICARDO JULIO 2201 NE 136 LN NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUARTE DURON, YAMILETH JOSUE 2201 NE 136 LN NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13601 NE 20th ST NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13601 NE 20th ST NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07 7863197371

Date Daytime Phone #