

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105968

FILED  
Aug 23, 2007  
Secretary of State

Entity Name: AXS TRANSPORT INCORPORATION

**Current Principal Place of Business:**

2495 NW 49TH TERRACE  
COCONUT CREEK, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

2495 NW 49TH TERRACE  
COCONUT CREEK, FL 33063 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, TANYA S  
79 PLEASANT HILL LANE  
TAMARAC, FL 33319 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HINDS, DONOVAN B  
Address: 2495 NW 49TH TERRACE  
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: WALKER, TANYA  
Address: 2495 NW 49 TERRACE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: S ( ) Change (X) Addition  
Name: HUTCHINSON, TRUDI  
Address: 2495 NW 49 TERRACE  
City-St-Zip: COCONUT CREEK, FL 33063

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: DONOVAN HINDS

P

08/23/2007

Electronic Signature of Signing Officer or Director

Date