

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

03-23-2007 90023 015 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000142836 1. Entity Name AXIS 1406, INC.																																																																																																											
Principal Place of Business 11857 SW 99 LANE MIAMI FL			Mailing Address 11857 SW 99 LANE MIAMI FL																																																																																																								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip		Country		4. FEI Number 74-3213005																																																																																																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent DELGADO, DOMINIC 11857 SW 99 LANE MIAMI FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																							
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.				DATE 3/11/07																																																																																																							
SIGNATURE				(NOTE: Registered Agent signature required when registering)																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DELGADO, DOMINIC</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>11857 SW 99 LANE</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>MIAMI FL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DELGADO, JAIME</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11857 SW 99 LANE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DELGADO, CAMILLE</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11857 SW 99 LANE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	DELGADO, DOMINIC		STREET ADDRESS			CITY- ST- ZIP	11857 SW 99 LANE		CITY- ST- ZIP				MIAMI FL					TITLE	DELGADO, JAIME	☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS	11857 SW 99 LANE		STREET ADDRESS			CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP			TITLE	DELGADO, CAMILLE	☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS	11857 SW 99 LANE		STREET ADDRESS			CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																																																																																																											
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