2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State

ANNOAL REPORT					Secretary or State			
DOCUMENT # P06000155226 1. Entity Name AXION GROUP, INC.						02-08-20	08 90023 047 *	**150.00
Principal Place of Business 8235 LAKE DRIVE SUITE D-103 MIAMI, FL 33166 Mailing Address 8235 LAKE DRIVE MIAMI, FL 33166			TE D-103					
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Aot. #, etc.		Suite, Apt. #, etc.		02052008	Chg-P	CR2E034 (12/0	6)	
City & State		City & State			4. FEI Number	0399	273	Applied For Not Applicable
7io	Country -	Zip -	Countr	У	5. Certificate of		□ \$8.75 Fee Regu	Additional
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New F	Registered Agent	
COLCOEL & LITDEDA DA				Name				
; SPIEGEL & UTRERA, P.A. ; 1840 SW 22ND ST.			-	Street Address (P.O. Box Number is Not Acceptable)				
4TH FLOOR MIAMI, FL 33145								
				City	···-		FL Zip C	ode
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or registe	red agent, or both,	in the State of Fl		th, and accept
the obligat	ions of registered agent						-1-10	-
SIGNATURE Synature. Word or programs of registrolean sylvent and or of applicable. Who the Registered Agent					d when rainstailing)		DATE DATE	· · · · · · · · · · · · · · · · · · ·
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11
HAVE STREET ADDRESS	LAVAYEN BAUER, LUIS A 8235 LAKE DRIVE SUITE D-103		Ħ	T ADDRESS			☐ Chan	ge 🔛 Addition
10/1Y-ST-ZIP	DUMO -		GITY-S TIFLE	ST-2/F			Chang	ne 🗀 Addition
HAME STREET ADDRESS CITY-ST-ZIP	MANRIQUE TANG, HECTOR R 8235 LAKE DRIVE SUITE D-103 MIAMI, FL 33166		NAME	T ADDRESS ST-ZIP			Crisin	te 🗀 wooniidii
TITLE NAVE STREET ADDRESS OTTY-ST-ZIP	e	□ odsta	MAME NAME STREET OITY-S	T ADURESS SI - ZIP			∐ Chan	pe ☐ Addition
THLE NAME STREET ADDRESS CHY-ST-2IP		☐ Delete	TITLE NAME STREET CITY-S	TADDHESS ST-Zip	1,44		Chan	ge 🔲 Addition
TITLE MAME OFFICET ADDRESS OTY-SY-ZIP		☐ Defeie	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIF			Chan	ge Addition
HILE HAVE SHEET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S				<u></u> Спап	
40 1 :	certify that the information supplied with							

12. I hereby certify that the information supplied with this filling 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: 2

SIGNATURE AND TYPED OR PRINTED NOTE OF SIGNING OFFICER OR DIRECTO

2/5/25

Daytine Phone #