

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034731

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: AGAXTUR ENTERPRISES INC.

**Current Principal Place of Business:**

168 SE 1ST STREET  
#1101  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1643 BRICKELL AV.  
STE 3205  
MIAMI, FL 33129 US

**New Mailing Address:**

FEI Number: 65-0409842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARNEIRO DA CUNHA, JOSE MARIA  
1643 BRICKELL AVE. #3205  
MIAMI, FL 33129

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEONE, ALDO  
Address: 251 CRANDON BLV #835  
City-St-Zip: KEY BISCAYNE, FL

Title: VP ( ) Delete  
Name: LEONE, OLGA MARIA  
Address: 251 CRANDON BLV #835  
City-St-Zip: KEY BISCAYNE, FL

Title: VP ( ) Delete  
Name: LEONE, MARCELO  
Address: 251 CRANDON BLV #835  
City-St-Zip: KEY BISCAYNE, FL

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALDO LEONE

PD

04/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date