2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# P93000034731

Entity Name: AGAXTUR ENTERPRISES INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 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:

CARLOS M. FARAH CPA
999 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 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

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

Title: V ( ) 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 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: LEONE,ALDO PD 02/28/2008

Electronic Signature of Signing Officer or Director Date