2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2004 08:00 AM **DOCUMENT # P94000028038 Secretary of State** 1. Entity Name AXISS ADVERTISING, INC. Mailing Address Principal Place of Business 2100 PONCE DE LEON BLVD 2100 PONCE DE LEON BLVD STE 1070 CORAL GABLES FL 33134 CORAL GABLES FL 33134 US 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt #, etc MOORE CR2E034 (11/03) 4. FEI Number City & State Applied For City & State 65-0483757 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLOTTE SEGRE Street Address (P.O. Box Number is Not Acceptable) 1417 SANTA CRUZ AVE CORAL GABLES FL 33134 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition ☐ Delete TITLE TITLE U00000085987 SEGRE, CHARLOTTE A NAME NAME 03/12/04-80005-012 150.00 STREET ADDRESS 1417 SANTA CRUZ AVE STREET ADDRESS CITY -ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ___ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED

SIGNATURE: Chaudty G. Pey 2-27-04-305-447-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR

Date Dayline Phone >