


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 OCT 20 PM 12:05

DOCUMENT # **P95000067570**

1. Entity Name  
**Axel Trading Co., Inc.**



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 04**

2. Principal Place of Business  
**P.O. Box 610430**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**No. Miami Beach, FL**

City & State

Zip  
**33261** Country

Zip Country

DO NOT WRITE IN THIS SPACE

FBI Number  
**65-0609932**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Crauz, Luis**

Street Address (P.O. Box Number is Not Applicable)  
**1570 NW 14th St.  
#112**

City  
**Miami** FL Zip Code  
**33126**

8. The above named entity submits the 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]* (Signature, last or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  **\$5.00 May Be Added to Fees**

Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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170104-01096-024 00151,00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

CR2E034B (12/02)

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **AXEL TRADING CO., INC.**

Thank you for your courtesy in this matter.



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**ADRIANA PAVLUK**  
**PRESIDENT**