

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 001 ***150.00

DOCUMENT # P97000045173

1. Entity Name
AUXIS, INC.



Principal Place of Business
770 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

Mailing Address
770 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

40050126



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0754393

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOBREE, H. BAIRD
770 PONCE DE LEON BLVE.
SUITE 400
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP *Director, President & CEO*
NAME LOBREE, H. BAIRD
STREET ADDRESS 700 PONCE DE LEON BLVD. STE. 400
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVT *Director, SVP & COO*
NAME VEGA, RAUL A
STREET ADDRESS 700 PONCE DE LEON BLVD. STE. 400
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2005

Date

305-442-0060

Daytime Phone #