

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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|---|---|---|---|--|--|
| DOCUMENT # P97000101576 1. Entity Name AXIS GROUP YACHT DESIGN, INC. | | | | | |
| Principal Place of Business 201 SW 20TH STREET FORT LAUDERDALE, FL 33345 | | | Mailing Address VIA PAOLO SAUI 319 VIAREGGIO, ITALY, 55049 | | |
| 2. Principal Place of Business 200 SW 20TH STREET | | | 3. Mailing Address VIA PAOLO SAUI 319 | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State FORT LAUDERDALE FL | | | City & State VIAREGGIO | | |
| Zip 33345 | | Country USA | | Zip 55049 | |
| Country USA | | Country Italy | | 4. FEI Number 65-0798659 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BOZZO, HORACIO 2259 DISCOVERY CIRCLE W. DEERFIELD BEACH, FL 33442 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u><i>Horacio Bozzo</i></u> 10 MAY 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOZZO, HORACIO P.O. BOX 11323 FT. LAUDERDALE, FL 33339 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOZZO HORACIO 2259 DISCOVERY CIRCLE W DEERFIELD BEACH, FL 33442 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Horacio Bozzo</i></u> 10 MAY 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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05102005 Chg-P CR2E034 (10/03)