


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000052851**

1. Entity Name  
**ALEXIS GROUP, INC.**



Principal Place of Business      Mailing Address

2845 AVENTURA BLVD., STE. 250      2845 AVENTURA BLVD., STE. 250  
 AVENTURA, FL 33180      AVENTURA, FL 33180



01312005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0846138**      Not Applicable

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

6. Name and Address of Current Registered Agent

**COHN, ALAN B**  
 2021 TYLER ST  
 HOLLYWOOD, FL 33020

**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 \_\_\_\_\_ (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	D
NAME	KESSELMAN, MARC
STREET ADDRESS	2845 AVENTURA BLVD.
CITY - ST - ZIP	N. MIAMI BEACH, FL 33180
TITLE	D
NAME	KESSELMAN, ROBIN
STREET ADDRESS	2845 AVENTURA BLVD., STE. 250
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/08/05-80063-006 158.75

**DO NOT WRITE 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)(f), 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 empowerments.

**SIGNATURE:**       **2/1/05 305-932-8441**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Robin Kesselman, D.O.*