## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90372 025 \*\*\*150.00

DOCUMENT # P9900005002  1. Entity Name IAXYS.COM, INC.				04-30	-2004 90372 025 ***150.00 
Principal Place of Business Mail		Mailing Address	Mailing Address		042376
3921 SW 47TH AVENUE		3921 SW 47TH AVENUE		44	016310
1011 DAVIE, FL 33314		1011 DAME EL 22214			
DAVIE, FL 33	5314	DAVIE, FL 33314			# 6       # 2       # 1
2. Principal Place of Business		3. Mailing Address		1 1881/1881 113 181/8 181/1 881/1 881/1 881/1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004 Chg-P	CR2E034 (10/03)
City & State		City & State		4. FEI Number 65-0886829	Applied For Not Applicable
Zip	Country -	Zip	Country	5. Certificate of Status Desire	d S8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of Ne	w Registered Agent
STERNBERG, CRAIG				NER. KichArd	
3921 SW 47TH AVENUE				s (P.O. Box Number is Not Accept	able) (C)//
STE 1011 · DAVIE, FL 33314			2101	303 97111 MUE,	3/2/01/
DAVIE, FL	33314			<del></del>	
			City AN	î E	FL Zip Spgs 14
	named entity submits this statement for t	the purpose of changing its			f Florida. I am familiar with, and accept
the obligat	ions of registered agent.		Proling 111	10011 00-	ulaslau
SIGNATURE.	Signature, tyleed or printed name of registered agent and	d title if applicable. (NOT	E: Registered Agent signature requi	ON OC DP I	9/2//01 DATE
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campa Trust Fund Cont		5.00 May Be dded to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN/11
FIFLE	DPT	☐ Delete	TITLE Y	ala Dhan	☐ Change ★ Addition
NAME DESCRIPTIONS	HORNER, RICHARD L	4	NAME TE	mmerde, Robert 21 Sw 47th Ave, S	Truck!
STREET ADDRESS CITY-ST-ZIP	3921 SW 47TH AVENUE STE 101   DAVIE, FL 33314	1	STREET ADDRESS 39	21 500 4770 HUE, 5 Avie, FL 33314	18100
TITLE	S	Delete	TITLE	HUIETEC 95519	☐ Change ☐ Addition
NAME	STERNBERG, CRAIG	Delete	NAME		Shallyo Noticon
STREET ADDRESS	3921 SW 47TH AVENUE STE 101	1	STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP		
TITLE	TOOLAN MADIC	Defete	TITLE	w .www.	Change Addition
NAME STREET ADDRESS	TOOLAN, MARK 3921 SW 47TH AVENUE STE 101	1	NAME STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-S1-ZIP			CITY-ST-ZIP		C Observe C Addition
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	1		CITY-ST-ZIP		
			U., U.		
TITLE		☐ Delete	ffILE		☐ Change ☐ Addition
NAME		☐ Delete	fille NAME		☐ Change ☐ Addition
		☐ Delete	ffILE		☐ Change ☐ 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.