

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026484

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: FRAXEDAS CORPORATION

**Current Principal Place of Business:**

1051 WINDERLEY PLACE  
SUITE 201  
MAITLAND, FL 32751

**New Principal Place of Business:**

2450 MAITLAND CENTER PARKWAY  
SUITE 202  
MAITLAND, FL 32751

**Current Mailing Address:**

1051 WINDERLEY PLACE  
SUITE 201  
MAITLAND, FL 32751

**New Mailing Address:**

2450 MAITLAND CENTER PARKWAY  
SUITE 202  
MAITLAND, FL 32751

FEI Number: 59-3561979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAXEDAS, J. JOAQUIN  
245 LIVE OAK LANE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FRAXEDAS, J. JOAQUIN  
Address: 245 LIVE OAK LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete  
Name: FRAXEDAS, RHONDA  
Address: 245 LIVE OAK LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J JOAQUIN FRAXEDAS

P

06/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date