

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026484

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** FRAXEDAS CORPORATION

**Current Principal Place of Business:**

2450 MAITLAND CENTER PARKWAY  
SUITE 202  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

500 WINDERLEY PLACE  
SUITE 222  
MAITLAND, FL 32751 US

**Current Mailing Address:**

2450 MAITLAND CENTER PARKWAY  
SUITE 202  
MAITLAND, FL 32751 US

**New Mailing Address:**

500 WINDERLEY PLACE  
SUITE 222  
MAITLAND, FL 32751 US

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: J JOAQUIN FRAXEDAS

P

01/12/2012

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

\_\_\_\_\_  
Date