2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AN Secretary of State DOCUMENT # P99000039354 1. Entity Name ABRAXX INTERNATIONAL, INC. Principal Place of Business Mailing Address 892 DEAN WAY FT MYERS FL 33919 892 DEAN WAY FT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sinte, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 37-0989614 Not Applicable Country EE Zio \$8.75 Additional Zip Country 5. Certificate of Status Desired LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENZEL, MARCELLA Street Address (P.O. Box Number is Not Acceptable) 892 DEAN WAY FT MYERS FL 33919 Zip Code City 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or product name of registered again and title if applicable DATE (NOTE: Registered Agent argument required where remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition **PSTD** Delete UKE TITLE U00000416345 BREITWEISER, ALVAH NAME NAME 02/Ĭ3/Ŏ6-8ŌŎĬ1-024 150**.0**0 892 DEAN WAY STREET ADDRESS SURFET ADDRESS. .CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete Change □ #:"" TITLE 7)7) 1 BREITWEISER, KARL NAME STREET ADDRESS STREET ADDRESS 892 DEAN WAY CITY-ST-ZIP City-ST-ZIP FT MYERS FL 33919 Chance ☐ Deiete DILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Aria ☐ Delete TITLE Change MARK ΝΑΜΣ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Ac. TRUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP $\Box t$ ☐ Change TITLE ☐ Delete TETCE NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 disein 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-1-06 239/482-3500

FILED