


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000080750</b> 1. Entity Name ATEXI SERVICES CORP.	
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Principal Place of Business 13375 NE 4 CT NORTH MIAMI, FL 33161	Mailing Address 13375 NE 4 CT NORTH MIAMI, FL 33161
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02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0946529	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TEXIDOR, ARNALDO A 315 SOUTH SHORE DR #2 MIAMI BEACH, FL 33141
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TEXIDOR, ARNALDO A 13375 NE 4 CT NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U000000233436 02/17/05-80041-021 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	02/15/05 Date	President Daytime Phone #
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