
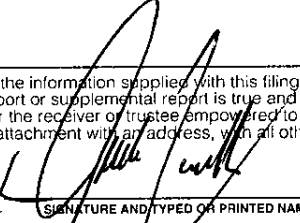


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90059 013 \*\*\*150.00

<b>DOCUMENT # P99000101332</b> 1. Entity Name <b>AXION BUSINESS HOLDINGS, INC.</b>					
Principal Place of Business <b>999 PONCE DE LEON</b> <b>#715</b> <b>CORAL GABLES, FL 33134</b>			Mailing Address <b>999 PONCE DE LEON</b> <b>#715</b> <b>CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>2600 Douglas Rd.</b> Suite, Apt. #, etc. <b>PH 6</b>		3. Mailing Address <b>2600 Douglas Rd.</b> Suite, Apt. #, etc. <b>PH 6</b>			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>65-1118104</b>	
Zip <b>33134</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PADIAL, JOSE I</b> <b>999 PONCE DE LEON</b> <b>#715</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2600 Douglas Rd.</b> <b>PH 6</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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  <b>Jose I. Padial</b> <b>registered agent</b> <b>1/8/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARVALHO, NELDO 999 PONCE DE LEON #715 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2600 Douglas Rd. PH 6</b> <b>Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 			Date <b>03/03/2004</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					