

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000026484

**Entity Name:** FRAXEDAS CORPORATION

**Current Principal Place of Business:**

245 LIVE OAK LANE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P.O. BOX 940849  
MAITLAND, FL 32794-0849 US

**FEI Number:** 59-3561979

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

Title V  
Name FRAXEDAS, RHONDA  
Address 245 LIVE OAK LANE  
City-State-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

**PRESIDENT**

**01/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date