

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000002955

**Entity Name:** HELIAXE INC.

**Current Principal Place of Business:**

15310 AMBERY DRIVE, SUITE 250  
TAMPA, FL 33647

**Current Mailing Address:**

15310 AMBERY DRIVE, SUITE 250  
TAMPA, FL 33647 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 PTD  
Name MOHAMED KEHAL  
Address 15310 AMBERY DRIVE, SUITE 250  
City-State-Zip: TAMPA FL 33647

Title D  
Name RABAH BENYAHIA  
Address 15310 AMBERY DRIVE, SUITE 250  
City-State-Zip: TAMPA FL 33647

Title D  
Name CHERIF SAIDI  
Address 15310 AMBERY DRIVE, SUITE 250  
City-State-Zip: TAMPA FL 33647

Title SD  
Name ABDELHAMID AOUZIR  
Address 15310 AMBERY DRIVE, SUITE 250  
City-State-Zip: TAMPA FL 33647

Title D  
Name RACHID MAHBOUBI  
Address 15310 AMBERY DRIVE, SUITE 250  
City-State-Zip: TAMPA FL 33647

Title D  
Name MEHDI SAMER  
Address 15310 AMBERY DRIVE, SUITE 250  
City-State-Zip: TAMPA FL 33647

*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:** KEHAL, MOHAMED

**PRESIDENT**

**03/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date