


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90064 007 \*\*\*158.75

**DOCUMENT # H65610**  
 1. Entity Name  
**SAXON BUSINESS SYSTEMS, INC.**



Principal Place of Business 14025 NW 60TH AVENUE MIAMI LAKES, FL 33014	Mailing Address 14025 NW 60TH AVENUE MIAMI LAKES, FL 33014 US
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64001604



04162004 No Chg:P CR2E034(10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2560595	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ABBATE, FLORIO J  
 14025 NW 60TH AVENUE  
 MIAMI LAKES, FL 33014

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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"/>	\$5.00, May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABBATE, GLENDA 2690 WALKERS WAY WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ABBATE, FLORIO J 114025 N.W. 60TH AVE. MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** \_\_\_\_\_ **4/19/04** **305-362-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #