

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65610

**FILED
Jan 24, 2005
Secretary of State**

Entity Name: SAXON BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 59-2560595 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ABBATE, FLORIO J
14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ABBATE, GLENDA
Address: 2690 WALKERS WAY
City-St-Zip: WESTON, FL 33331

Title: CPD () Delete
Name: ABBATE, FLORIO J
Address: 114025 N.W. 60TH AVE.
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CPD (X) Change () Addition
Name: ABBATE, FLORIO J
Address: 14025 N.W. 60TH AVE.
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FLORIO ABBATE

CPD

01/24/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date