

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65610

FILED
Apr 22, 2009
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:

14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014 US

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:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL FL33324 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: 14025 N.W. 60TH AVE.
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: SHEA, MICHAEL
Address: 3820 NORTHDALE BLVD #200A
City-St-Zip: TAMPA, FL 33624 US

Title: S () Change (X) Addition
Name: PAINE, LAWRENCE
Address: 3820 NORTHDALE BLVD #200A
City-St-Zip: TAMPA, FL 33624 US

Title: V () Change (X) Addition
Name: CAVALLARO, GEORGE
Address: 14025 NW 60TH AVENUE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: T () Change (X) Addition
Name: MOORE, C. MICHAEL
Address: 3820 NORTHDALE BLVD #200A
City-St-Zip: TAMPA, FL 33624 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LAWRENCE PAINE

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04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date