


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90044 041 ****70.00

DOCUMENT # F97000006368					
1. Entity Name CLAXON, INC.					
Principal Place of Business 23 WATTS STREET NEW YORK, NY 10013			Mailing Address 23 WATTS STREET NEW YORK, NY 10013		
2. Principal Place of Business <i>15 Watts St.</i>		3. Mailing Address <i>15 Watts St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>New York NY</i>		City & State <i>New York NY</i>			
Zip <i>10013</i>		Country <i>USA</i>		Zip <i>10013</i>	
		Country <i>USA</i>		4. FEI Number 13-3508513	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent					
SANTOS, DAVID C/O NEXT MANAGEMENT 1688 MERIDIAN AVENUE 800 MIAMI BEACH, FL 33139					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
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 <i>David Luis Santos</i> DATE <i>2/2/04</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTAMBROGIO, GIORGIO <input type="checkbox"/> Delete CORSO DI PORTA ROMANA 60 ITALY,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PEDRINI, LORENZO <input type="checkbox"/> Delete VIA GRIGNA 7 20155 MILANO ITALY,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTI, PAOLO <input type="checkbox"/> Delete CORSO DI PORTA VITTORIA 56 20122 MILANO ITALY,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 617, 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: <i>David Luis Santos</i> DATE <i>2/2/04</i> DAYTIME PHONE # <i>212 952 5100</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					