


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

29011000

2. Principal Place of Business
 15 Watts St.
 Suite, Apt. #, etc.

3. Mailing Address
 15 Watts St.
 Suite, Apt. #, etc.



01302004 Chg-NP CR2E037 (10/03)

City & State
 New York NY

City & State
 New York NY

Zip
 10013

Country
 USA

Zip
 10013

Country
 USA

4. FEI Number
 13-3508513

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 David Luis Santos DATE 2/2/04

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. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTAMBROGIO, GIORGIO CORSO DI PORTA ROMANA 60 ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PEDRINI, LORENZO VIA GRIGNA 7 20155 MILANO ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTI, PAOLO CORSO DI PORTA VITTORIA 56 20122 MILANO ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: [Signature] DATE 1/30/04 DAYTIME PHONE # 212 952 5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR