

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90211 043 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                                                                                                                                       |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # H66880</b><br>1. Entity Name<br><b>SAXON ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                                                                                      |                                                                              |
| Principal Place of Business<br><b>18679 SE FEDERAL HIGHWAY</b><br><b>TEQUESTA, FL 33469 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | Mailing Address<br><b>18679 SE FEDERAL HIGHWAY</b><br><b>TEQUESTA, FL 33469 US</b>                                                                                                                                                    |                                                                              |
| 2. Principal Place of Business<br><b>18745 SE Federal Hwy</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | 3. Mailing Address<br><b>18745 SE Federal Hwy</b><br>Suite, Apt. #, etc.                                                                                                                                                              |                                                                              |
| City & State<br><b>Tequesta FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | City & State<br><b>Tequesta FL</b>                                                                                                                                                                                                    |                                                                              |
| Zip<br><b>33469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                   | Zip<br><b>33469</b>                                                                                                                                                                                                                   | Country                                                                      |
| 4. FEI Number<br><b>59-2575493</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>RUBENFELD, DAREN L</b><br><b>18679 SE FEDERAL HIGHWAY</b><br><b>TEQUESTA, FL 33469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                                                                                                                                       |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                                |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                          |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PS<br>MILLER, ROBERT L<br>18679 SE FEDERAL HIGHWAY<br>TEQUESTA, FL        | TITLE                                                                                                                                                                                                                                 | 18745 SE Federal Hwy                                                         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | NAME                                                                                                                                                                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | STREET ADDRESS                                                                                                                                                                                                                        |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                           |                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V<br>RUBENFELD, DAREN L<br>18679 SE FEDERAL HIGHWAY<br>TEQUESTA, FL 33469 | TITLE                                                                                                                                                                                                                                 | 18745 SE Federal Hwy                                                         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | NAME                                                                                                                                                                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | STREET ADDRESS                                                                                                                                                                                                                        |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                           |                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V<br>AUSTIN, CHRISTOPHER<br>18679 SE FEDERAL HIGHWAY<br>TEQUESTA, FL      | TITLE                                                                                                                                                                                                                                 | 18745 SE Federal Hwy                                                         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | NAME                                                                                                                                                                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | STREET ADDRESS                                                                                                                                                                                                                        |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                           |                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | TITLE                                                                                                                                                                                                                                 |                                                                              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | NAME                                                                                                                                                                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | STREET ADDRESS                                                                                                                                                                                                                        |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                           |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | TITLE                                                                                                                                                                                                                                 |                                                                              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | NAME                                                                                                                                                                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | STREET ADDRESS                                                                                                                                                                                                                        |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                           |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Daren Rubenfeld</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | Date: <u>4/25/06</u> Daytime Phone #: <u>561-743-0014</u>                                                                                                                                                                             |                                                                              |