

2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2005 08:00 AM **Secretary of State DOCUMENT # P00000037037** 1. Entity Name NAXÓS ENTERPRISES, INC. Principal Place of Business Mailing Address 225 NE MIZNER BLVD 3360 N.W. 23RD COURT SUITE 300 BOCA RATON, FL 33431-5419 BOCA RATON, FL 33432 No Chg-P CR2E034 (10/03) 01212005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0998793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BADOLATO, RICCARDO J DO NOT WRITE 3360 NW 23RD COURT BOCA RATON, FL 33431 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Ð TITLE BADOLATO, RICCARDO J NAME 3360 N.W. 23RD COURT STREET ADDRESS U00000205802 01/31/05-80054-022 150.00 CITY-ST-ZIP BOCA RATON, FL 334315419 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR P

'-*28-05*

FILED