2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2007 8:00 am Secretary of State 01-25-2007 90053 021 ***158.75 DOCUMENT # P00000037037 NAXOS ENTERPRISES, INC. 40000000 Principal Place of Business Mailing Address 225 NE MIZNER BLVD 3360 N.W. 23RD COURT BOGA RATION, FL 33431-5419 V D 225 NE MIZNER BYV D SCITE 300 BOCA RATON 23432 SUITE 300 BOCA RATON, FL 33432 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 225 NE MIZNEB BIND DO NOT WRITE 3860 NW-23RD COURT Suite 300 BOGA 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 2 ture, typed or proted name of re-9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS D TITLE BADOLATO, RICCARDO J NAME 3360 N.W. 23RD COURT DAS NE MILWER BND SVITE 300 STREET ADDRESS BOCA RATON, FL 384315419 33433 CITY-ST-7IP TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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, withall other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

> GNATURE AND TYPED OR NAME OF SIGNING OFFICER OR DIRECTOR

19/07

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