

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000048160

1. Entity Name
SAXJ.A.M., INC.



**FILED
May 05, 2005 8:00 am
Secretary of State**

05-05-2005 90088 040 ***150.00

Principal Place of Business

7416 ANSLEY DRIVE
LAKE WORTH, FL 33467

Mailing Address

7416 ANSLEY DRIVE
LAKE WORTH, FL 33467

2. Principal Place of Business

7782 Hoffy Circle

3. Mailing Address

7782 Hoffy Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country
USA

Zip
33467

Country
USA



05032005 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 030446195 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MICHALAK, JOHN
7416 ANSLEY DRIVE
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name John Michalak
Street Address (P.O. Box Number is Not Acceptable)
7782 Hoffy Circle
City Lake Worth FL Zip Code 33467

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

John Michalak, President

(NOTE: Registered Agent signature required when reinstating)

5/1/05

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD Delete
NAME MICHALAK, JOHN A
STREET ADDRESS 7416 ANSLEY DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE SVD Delete
NAME LARENAS-MICHALAK, CLAUDIA M
STREET ADDRESS 7416 ANSLEY DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD Change Addition
NAME Michalak, John A
STREET ADDRESS 7782 Hoffy Circle
CITY-ST-ZIP Lake Worth, FL 33467

TITLE SVD Change Addition
NAME Larenas-Michalak, Claudia M
STREET ADDRESS 7782 Hoffy Circle
CITY-ST-ZIP Lake Worth, FL 33467

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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.

SIGNATURE: *John Michalak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

561-262-6016
Daytime Phone #