2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90010 002 ***150.00

DOCUMENT # P02000061246

1. Entity Name
SEVEN X ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10709 KITTEN TRAIL HUDSON, FL 34669	10709 KITTEN TRAIL HUDSON, FL 34669

03092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		10006 CHESTNUT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: HUDSON FL	
Zip	Country	Zip: 34469	Country

4. FEI Number: 30-0090129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONFIGLIO, ANTHONY
10709 KITTEN TRAIL
HUDSON, FL 34669

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONFIGLIO, ANTHONY 10709 KITTEN TRAIL HUDSON, FL 34669	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Anthony Bonfiglio 3-15-06 727-919-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #