2004 FOR PROFIT CORPORATION

FILED May 03, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # P02000108037 1. Entity Name 05-03-2004 91243 046 ***150.00 SAXA, INC. Principal Place of Business Mailing Address 1280 N.W. 43RD TERR. UNIT 207 1280 N.W. 43RD TERR. **UNIT 207** LAUDERHILL FL 33313 LAUDERHILL FL 33313 3. Mailing Address 13386 MAJESTICWAY 2. Principal Place of Business 13386 MARTIC WAY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State COOPER CITY City & State Applied For 4. FEI Number 06-1651933 LITH Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEC-SANG HERBERT, CURTIS J Street Address (P.O. Box Number is Not Acceptable 55 WESTON ROAD SUITE 406 CODPOL CIP WESTON FL 33326 hent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sybri the obligations of registered a name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PO. PD Addition TITI F Delete TITLE LEE-SANG, MEI NAN STINZIANI, THERESA NAME NAME 13386 MAJESTIC WA STREET ADDRESS 1280 N.W. 43RD TERR., UNIT 207 STREET ADDRESS cooper CITY, FL 33330 CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP Delete IEN GARY Addition ۷D TITLE . uhange TITLE DESPRES, ROGER NAME NAME 16717 AMBEL LAKE 1280 N.W. 43RD TERR., UNIT 207 STREET ADDRESS STREET ADDRESS WESTON PL CITY-ST-7IP LAUDERHILL FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 add like empowered. Ani, 129tx wy (954) 981-8637 SIGNATURE: