

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003530

Entity Name: SAXONY DISTRIBUTORS, INC.

FILED  
Feb 21, 2009  
Secretary of State

**Current Principal Place of Business:**

660 LINTON BOULEVARD  
SUITE 211  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

660 LINTON BOULEVARD  
SUITE 211  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 20-4152168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIFF, LAWRENCE M ESQ.  
4801 S. UNIVERSITY DRIVE  
3100  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CHATOFF, GARY  
Address: 660 LINTON BOULEVARD, SUITE 211  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY CHATOFF

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

Date