

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90001 014 ***150.00

DOCUMENT # P93000035502

1. Entity Name
SAXON DEVELOPMENT COMPANY, INC.



Principal Place of Business

**546 NE 31ST ST
MIAMI, FL**

Mailing Address

**546 NE 31ST ST
MIAMI, FL**

50026437



DO NOT WRITE IN THIS SPACE

08212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0416852

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOHL, ROBERT
546 NE 31ST ST
MIAMI, FL**

**DO NOT WRITE
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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOHL, ROBERT
STREET ADDRESS	546 NE 31ST ST
CITY-ST-ZIP	MIAMI, FL
TITLE	DV
NAME	GOLD, CAROLYN
STREET ADDRESS	546 NE 31 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	DST
NAME	WOHL, AGNES
STREET ADDRESS	596 NE 31ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Robert Wohl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/2006
Date

286-892-4595
Daytime Phone #