FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90376 045 ****50.00
05-11-2006 90238 032 ***100.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000024390

1. Entity Name
AJAX BUSINESS MACHINES, INC.

Principal Place of Business	Mailing Address
1820 SW 81ST AVE 3306 NORTH LAUDERDALE, FL 33068	1820 SW 81ST AVE 3306 NORTH LAUDERDALE, FL 33068

04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8316 HUNTSMAN PLACE	8316 HUNTSMAN PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33433 Country	Zip: 33433 Country

4. FEI Number 65-0492528 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANER, LOUIS P 1820 SW 81ST. AVE. #3306 POMPANO BEACH, FL 33068	Name: GRANER, LOUIS P Street Address (P.O. Box Number is Not Acceptable): 8316 HUNTSMAN PLACE City: BOCA RATON FL Zip Code: 33433

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 ______ 5/9/06
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	PD GRANER III, LOUIS P 1820 SW 81ST. AVE. #3306 POMPANO BEACH, FL 33068 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRANER III, LOUIS P 8316 HUNTSMAN PLACE BOCA RATON, FL 33433 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ______ 5/9/06 954-718-5093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #