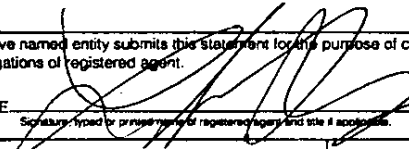
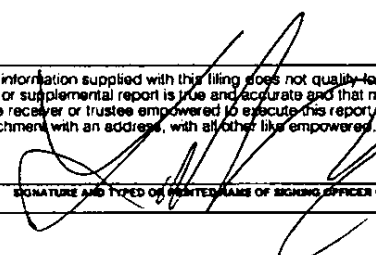


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # P94000024390			
1. Entity Name AJAX BUSINESS MACHINES, INC.			
Principal Place of Business 1820 SW 81ST AVE 3306 NORTH LAUDERDALE, FL 33068		Mailing Address 1820 SW 81ST AVE 3306 NORTH LAUDERDALE, FL 33068	
2. Principal Place of Business 8316 HUNTSMAN PLACE		3. Mailing Address 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 GRANER, LOUIS P 1820 SW 81ST. AVE. #3306 POMPANO BEACH, FL 33068		7. Name and Address of New Registered Agent 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: 		DATE: 5/9/06	
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
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
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: 		Date: 5/9/06 Dayside Phone #: 954-718-5093	