2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000024390

1. Entity Name
AJAX BUSINESS MACHINES, INC.

Principal Place of Business	Mailing Address
1429 SE AIROSO BLVD PORT ST LUCIE, FL 34983 US	1429 SE AIROSO BLVD PORT ST LUCIE, FL 34983

305 379- 2702

DO NOT WRITE IN THIS SPACE
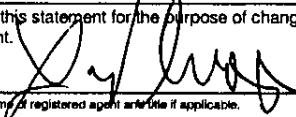
01092008 .   No Chg-P.   CR2E034 (11/05)

4. FEI Number	Applied For
65-0492528	Not Applicable

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

6. Name and Address of Current Registered Agent

GRANER, LOUIS P
1429 SE AIROSO BLVD
PORT ST LUCIE, FL 34983

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 _____   *1-9-08*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

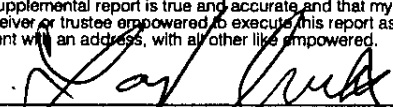| **FILE NOW!!! FEE IS $150.00** **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRANER, LOUIS P LLL
STREET ADDRESS	1429 SE AIROSO BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL 34983

Small 1 Man
Business ② out of
My House.

U000000794762
01/28/08-80020-023 150.00

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   *1-9-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #