


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000024930 1. Entity Name SAXOFUN INC.	
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Principal Place of Business 633 S ROYAL PONCIANA BLVD STE 103 MIAMI SPRINGS, FL 33166-7236	Mailing Address 633 S ROYAL PONCIANA BLVD STE 103 MIAMI SPRINGS, FL 33166-7236
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERNANDEZ, DAVID D 633 S ROYAL PONCIANA BLVD APT 103 MIAMI SPRINGS, FL 33166-7236

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, DAVID D 633 S ROYAL PONCIANA BLVD STE 103 MIAMI SPRINGS, FL 331667236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, ANGELA 633 S ROYAL PONCIANA BLVD STE 103 MIAMI SPRINGS, FL 331667236
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05/04/05-80058-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	05/02/05 <small>Date Daytime Phone #</small>
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