



2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F00000006898 1. Entity Name AS PROPERTIES LTD, CO.	
---	--

Principal Place of Business 6183 MIAMI LAKES DR. MIAMI LAKES, FL 33014	Mailing Address 6183 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014
--	--

DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CRZE034 (11/05)

4. FEI Number 66-0788538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, VIVIAN
6183 MIAMI LAKES DR.
MIAMI LAKES, FL 33014

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 _____ DATE _____

Signature, Office or address must be registered agent and city if applicable. (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

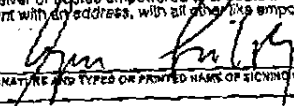
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD HANSEN, ANNE 12555 BISCAYNE BLVD. #421 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALSBURY, LYNN 12684 BISCAYNE BLVD. #368 MIAMI, FL 33181
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	

U00000487163
04/13/06-80068-001 150.00

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 219, 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 807, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR