

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002950

Entity Name: ASF CONSULTING, LTD., INC.

FILED  
Apr 24, 2006  
Secretary of State

**Current Principal Place of Business:**

3540 ROYAL PALM AVE.  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3540 ROYAL PALM AVE.  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 52-1605625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FURST, ALLEN  
3540 ROYAL PALM AVE.  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: FURST, ALLEN S  
Address: 3540 ROYAL PALM AVE.  
City-St-Zip: COCONUT GROVE, FL 33133

Title: S ( ) Delete  
Name: FURST, ARLENE  
Address: 3540 ROYAL PALM AVE.  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN FURST

P

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date