2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M88708

1. Entity Name

ASSET DEVELOPMENT CORPORATION



Principal Place of Business

707 SE 3RD AVE SUITE 400 FT LAUDERDALE, FL 33316

US

Mailing Address

707 SE 3RD AVE SUITE 400 FT LAUDERDALE, FL 33316

US

FILED Jan 09, 2004 08:00 AM **Secretary of State**



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0087651

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DISQUE, PHILIP A 707 SE 3RD AVENUE

DO NOT WRITE

SUITE 400 FT LAUDERDALE, FL 33316			IN THIS SPACE		
	named entity submits this statement for the p ions of registered agent. Signature, typod or printed name of registered agent and title is			egistered agent, or by	oth, in the State of Florida. I am familiar with, and account of the State of Florida.
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D BACARDI, JOAQUIN E 707 SE THIRD AVE, STE 400 FT. LAUDERDALE, FL DPT DISQUE, PHILIP A 707 SE 3RD AVE FT LAUDERDALE, FL 33316	TORS			Unnnann1342 01/12/04-80004-082 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLAGIOVANNI, PETER M 7440 SW 7TH STREET PLANTATION, FL 33317				NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

NAME STREET ADDRESS