FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90001 025 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000063910

1. Entity Name
ASCOR INTERNATIONAL, INC.,

54017826

Principal Place of Business	Mailing Address
10810 72ND STREET SUITE #210 LARGO, FL 33777 US	10810 72ND STREET SUITE #210 LARGO, FL 33777 US

03082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
531 Johns Pass Ave	531 Johns Pass Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madeira Beach FL	City & State: Maderra Beach FL
Zip: 33708 Country:	Zip: 33708 Country:

4. FEI Number: 59-3667169 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTE, JR., ANTHONY P ESQ.
100 SECOND AVE. SOUTH, STE. 1201
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 770 Second Ave. So.
City: St. Petersburg FL Zip Code: 33701

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: [signature] DATE: 3-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACHTLEBEN, HELGA A 531 JOHN'S PASS AVE SAINT PETERSBURG, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, Sec., Tres,	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PSST~~ EICKELMANN, ROLF W 531 JOHN'S PASS AVE. SAINT PETERSBURG, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] President 03-08-04 727 398 2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #