

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90082 013 ***158.75

40070430



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1121161 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # P01000048556
1. Entity Name
ADVANCED SAFETY CONSULTING GROUP, INC.



Principal Place of Business
**3051 WINCHESTER AVE.
MARTINSBURG, WV 25401-2462**

Mailing Address
**3051 WINCHESTER AVE.
MARTINSBURG, WV 25401-2462**

2. Principal Place of Business
5440 N STATE ROAD 7
Suite, Apt. #, etc.
SUITE # 5
City & State
FORT LAUDERDALE, FL
Zip
33319 Country
USA

3. Mailing Address
5440 N STATE ROAD 7
Suite, Apt. #, etc.
SUITE # 5
City & State
FORT LAUDERDALE, FL
Zip
33319 Country
USA

6. Name and Address of Current Registered Agent
**THOMPSON, MARGARITA
11110 W. OAKLAND PARK BOULEVARD
SUITE 295
SUNRISE, FL 33351**

7. Name and Address of New Registered Agent
Name
BOSCH JAIRO
Street Address (P.O. Box Number is Not Acceptable)
5440 NORTH STATE ROAD 7, SUITE # 5
City
FORT LAUDERDALE FL Zip Code
33319

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 THOMPSON, WILLIAM G IV 11110 W. OAKLAND PARK BOULEVARD, #295 SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON WILLIAM G IV 3051 WINCHESTER AVE. MARTINSBURG, WV 25401-2462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, MARGARITA 11110 W. OAKLAND PARK BOULEVARD, #295 SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON MARGARITA 3051 WINCHESTER AVE. MARTINSBURG, WV 25401-2462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margarita Thompson* **MARGARITA THOMPSON** 04/27/05 954-730-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #