

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90206 003 \*\*\*150.00

**DOCUMENT # P02000100978**

1. Entity Name  
**ARCHITECTURAL SPECIALTY SERVICES, INC.**



Principal Place of Business 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL 33487	Mailing Address 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL 33487
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44068848

2. Principal Place of Business 6822 Sugarloaf Key Street Suite, Apt. #, etc.	3. Mailing Address 6822 Sugarloaf Key Street Suite, Apt. #, etc.
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04212004 Chg-P CR2E034 (10/03)

City & State Lake Worth, Florida	City & State Lake Worth, Florida
Zip 33467	Country Palm Beach
Zip 33467	Country Palm Beach

4. FEI Number 16-1629146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

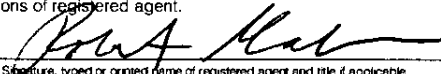
6. Name and Address of Current Registered Agent

KAHN, TRACY L  
 902 CLINT MOORE ROAD  
 SUITE 124  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name Robert Kahn  
 Street Address (P.O. Box Number is Not Acceptable)  
 6822 Sugarloaf Key Street  
 Lake Worth, Florida  
 City 33467 FL Zip Code 33467

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 4-19-04

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 \$350.00**

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 KAHN, ROBERT P 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert Kahn 6822 Sugarloaf Key Street Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, TRACY L 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tracy Kahn 6822 Sugarloaf Key Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, DANIEL J 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Daniel J. Moss 6680 Rivermill Club Drive Lake worth, Florida 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOSSBERG, GARY 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL 33487 <input checked="" 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	D KAHN, AARON 902 CLINT MOORE ROAD SUITE 124 BOCA RATON, FL 33487 <input checked="" 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:  Robert Kahn V.P. 4-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #