2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P02000115173

Entity Name: ASD FINANCIAL SERVICES CORP

Current Principal Place of Business:

25 S.E. 2ND AVENUE
SUITE 606
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

25 S.E.2ND AVENUE
SUITE 606
MIAMI, FL 33131

New Mailing Address:

FEI Number: 02-0654012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: JAMES, CASROY
Address: 25 S.E.2ND AVENUE,STE 606
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: PHILIP, CAROLYN
Address: 25 S.E.2ND AVENUE,STE 606
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: KING, LEE ROY
Address: 25 S.E. 2ND AVENUE,STE 606
City-St-Zip: MIAMI, FL 33131

Title: DCFO ( ) Delete
Name: SEALES, ROBINSON
Address: 25 S.E.2ND AVENUE,STE 606
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FRANCA, LUIZ
Address: 25 S.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBINSON SEALES DCFO 06/23/2009

Electronic Signature of Signing Officer or Director Date