

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000010309	
1. Entity Name ADVERTISING SERVICES GROUP, INC.	

Principal Place of Business 10922 NW 70TH ST. MIAMI, FL 33178	Mailing Address 10922 NW 70TH ST. MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number **61-1420562** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**NOVOA, JUAN C
10922 NW 70TH ST.
MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE

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 reinstalling) DATE _____

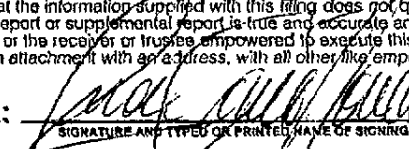
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOVOA, JUAN CARLOS 10922 NW 70TH ST. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOA, JUAN CARLOS AVE. FRANCISCO MIRANDA TORRE PROF. LA CALI PISO B OF. 8-3, CARACAS, VZ.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/03/06-80067-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Juan C. Novoa** 2/16/06 (305) 468-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #