

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025965

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** AMERICAN STRATEGIC PARTNERS, INC.

**Current Principal Place of Business:**

4739 N.W. 110 COURT  
MIAMI, FL 33126

**New Principal Place of Business:**

911 NW 85TH TER #1309  
PLANTATION, FL 33324

**Current Mailing Address:**

4739 N.W. 110 COURT  
MIAMI, FL 33126

**New Mailing Address:**

PO BOX # 290326  
DAVIE, FL 33329

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, MONEQUE S ESQ.  
8260 WEST FLAGLER STREET SUITE 1E  
MIAMI, FL 33144    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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            PD            ( ) Delete  
Name:            SAYBE, JACOBO  
Address:        4739 N.W. 110 COURT  
City-St-Zip:    MIAMI, FL 33126

Title:            VD            ( ) Delete  
Name:            ARENAS, MIGUEL  
Address:        4739 N.W. 110 COURT  
City-St-Zip:    MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PD            (X) Change ( ) Addition  
Name:            ARENAS, MIGUEL A  
Address:        911 NW 85TH TER #1309  
City-St-Zip:    MIAMI, FL 33126

Title:            VD            (X) Change ( ) Addition  
Name:            SAYBE, MARTIN  
Address:        4739 N.W. 110 COURT  
City-St-Zip:    MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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: MIGUEL A. ARENAS

VD

04/27/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date