

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084891

Entity Name: A & S USA, INC.

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

10735 SW 17 PLACE
DAVIE, FL 33324

New Principal Place of Business:

7070 SEMINOLE PRATT WHITNEY RD
9
LOXHATCHEE, FL 33470

Current Mailing Address:

10735 SW 17 PLACE
DAVIE, FL 33324

New Mailing Address:

7070 SEMINOLE PRATT WHITNEY RD
LOXAHATCHEE, FL 33470

FEI Number: 20-2977084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAHIN, AYOUB M.
10735 SW 17 PLACE
DAVIE, FL 33324 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: DP () Delete
Name: SHAHIN, AYOUB M.
Address: 10735 SW 17 PLACE
City-St-Zip: DAVIE, FL 33324

Title: DV () Delete
Name: SHAHIN, MAHMOUD S.
Address: 9860 NW 20TH CT.
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: AYOUB M SHAHIN

DP

02/09/2007

Electronic Signature of Signing Officer or Director

_____ Date