2005 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 08, 2005 08:00 AM Secretary of State DOCUMENT # P94000017977 1. Entity Name A S G AMERICA, INC. Principal Place of Business Mailing Address 798 CRANDON BLVD. 798 CRANDON BLVD. # 42 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 CR2E034 (10/03) 08302005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0473434 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIZOLD, ARTURO J DO NOT WRITE 798 CRANDON BLVD. # 42 IN THIS SPACE KEY BISCAYNE, FL 33149 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, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating) DATE ५ ५ जन्मुका महरू 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE ZIZOLD, ARTURO J NAME 798 CRANDON BLVD., # 42 STREET ADDRESS 1100000377926 KEY BISCAYNE, FL 33149 CITY-ST-ZIP 09/08/05-80001-010 150.00 TITLE NAME ZIZOLD, ALICIA S 798 CRANDON BLVD., # 42 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY - ST - ZIP

FILED