


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90015 010 \*\*\*150.00

**DOCUMENT # P95000015931**

1. Entity Name  
 "A" SYSTEM HYDRAULICS, INC.



Principal Place of Business  
 7885 NW 56TH ST  
 MIAMI, FL 33166-3523 US

Mailing Address  
 7885 NW 56TH ST  
 MIAMI, FL 33166-3523 US

**40099341**

2. Principal Place of Business - No P.O. Box #  
 7885 NW 56TH ST

3. Mailing Address  
 7885 NW 56TH ST

Suite, Apt. #, etc.



04022008 Chg-P CR2E034 (12/06)

City & State: Doral, FL

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Zip: 33166-3523 Country: USA

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4. FEI Number  
 65-0566228

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

WILLIAMS, JAMES P  
 12942 SW 26 STREET  
 DAVIE, FL 33325

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JAMES P 12942 SW 26 STREET DAVIE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDES, JOSE A 5100 NW BARCELONA DR VIRGINIA GARDENS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James P. Williams* President *James P. Williams* President

DATE: 04/01/08

DAYTIME PHONE #: 3054774212