

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P95000044173

1. Entity Name  
AUTOMATED SYSTEMS ENGINEERING GROUP, INC.



FILED  
Feb 25, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
10180 CALUMET COURT  
LAKE WORTH, FL 33467 US

Mailing Address  
P O BOX 540958  
LAKE WORTH, FL 33454 US



02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0585624	Applied For <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WU, MICHELLE  
10180 CALUMET COURT  
LAKE WORTH, FL 33467

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

U00000065752  
02/25/04-80050-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD WU, MICHELLE 10180 CALUMET COURT LAKE WORTH, FL 33467
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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.

SIGNATURE: Michelle Wu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

561 868-0501

Daytime Phone #