


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # V72353

1. Entity Name
ASSOCIATED SIGNS INCORPORATED



Principal Place of Business
5630 NW 79 AVENUE
MIAMI, FL 33166 US

Mailing Address
5630 NW 79 AVENUE
MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0361695 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARRIAZO, ROBERT
8790 SW 125TH TERRACE
MIAMI, FL 33176

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRIAZO, ROBERT 8790 SW 125TH TERRACE MIAMI, FL 33176
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 04/27/04-80072-004 150.00

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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)(f), 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: _____ **Date:** 4/24/04 **Daytime Phone #:** 305 553-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR