

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G75168

**FILED  
Mar 16, 2017  
Secretary of State  
CC3060027823**

**Entity Name:** ASOT CORP.

**Current Principal Place of Business:**

5402 NW 36TH AVENUE  
SUITE B  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

5402 NW 36TH AVENUE  
SUITE B  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 59-2771375

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONTAG, MICHAEL  
5402 NW 36TH AVENUE  
SUITE B  
FORT LAUDERDALE, FL 33309 US

*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

**Officer/Director Detail :**

Title P  
Name MONTAG, BARBARA  
Address 1212 B1 BAHAMA BEND  
City-State-Zip: COCONUT CREEK FL 33066

Title ST  
Name MONTAG, MICHAEL A  
Address 4131 NW 58 ST.  
City-State-Zip: COCONUT CREEK FL 33073-5909

Title VP  
Name MONTAG, KELLY  
Address 4131 NW 58TH STREET  
City-State-Zip: COCONUT CREEK FL 33073

*I hereby 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 all other like empowered.*

**SIGNATURE:** KELLY MONTAG

**VICE PRESIDENT**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date