


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 258195  
 1. Entity Name  
 A S J CORPORATION



Principal Place of Business  
 615 E. ATLANTIC AVE.  
 DELRAY BEACH, FL 33483

Mailing Address  
 615 E. ATLANTIC AVE.  
 DELRAY BEACH, FL 33483



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-0997418 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSIN, SANDRA L.  
 615 EAST ATLANTIC AVENUE  
 DELRAY BCH, FL  
 DELRAY BEACH, FL 33483

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MARTIN, SANDRA R
STREET ADDRESS	615 E ATLANTIC AVE
CITY - ST - ZIP	DELRAY BCH, FL
TITLE	P
NAME	ROSIN BENJAMIN J.
STREET ADDRESS	615 EAST ATLANTIC AVE.
CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UD0000252280  
 03/05/05-80021-017 150.00

**DO NOT WRITE IN THIS SPACE**

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: Sandra Rosin Martin 3/2/05 561 278-2373  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #