

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT #422201
 1. Entity Name
 AMERICAN STAMP WORKS INC



Principal Place of Business 6431 N W 32ND AVE MIAMI, FL 33147	Mailing Address 6431 N W 32ND AVE MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1456846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHARLES T. HOFFMAN, III
 6431 N.W. 32ND AVE.
 MIAMI, FL 33147

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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLES T. HOFFMAN, III 4239 WASHINGTON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGRINO, MARYLOU 3345 WEST PARK ROAD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMANN, DONALD W. 5314 SW 87TH AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESCARPANTER, VICTOR 7875 SW 40TH STREET #217 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000138454
 04/29/04-80082-001 150.00

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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)(j), 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: *Charles T. Hoffman III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 305-691-1941
Date Daytime Phone #