


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # 422201<br>1. Entity Name<br>AMERICAN STAMP WORKS INC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>6431 N W 32ND AVE<br>MIAMI, FL 33147 | Mailing Address<br>6431 N W 32ND AVE<br>MIAMI, FL 33147 |
|---|---|

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

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

|  |                            |
|--|----------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CHARLES T. HOFFMAN, III<br>6431 N.W. 32ND AVE.<br>MIAMI, FL 33147 | DO NOT WRITE IN THIS SPACE |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CHARLES T. HOFFMAN, III<br>4239 WASHINGTON STREET<br>HOLLYWOOD, FL 33021 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MAGRINO, MARYLOU<br>3345 WEST PARK ROAD<br>HOLLYWOOD, FL 33021           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>HOFFMANN, DONALD W.<br>5314 SW 87TH AVE<br>COOPER CITY, FL 33328        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ESCARPANTER, VICTOR<br>7875 SW 40TH STREET #217<br>MIAMI, FL 33155      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

DO NOT WRITE IN THIS SPACE

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05/08/06-80071-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 4/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #