


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 422201
 1. Entity Name
AMERICAN STAMP WORKS INC



Principal Place of Business Mailing Address
 6431 N W 32ND AVE 6431 N W 32ND AVE
 MAIMI, FL 33147 MAIMI, FL 33147

DO NOT WRITE IN THIS SPACE



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1456846 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 04/27/07-80018-002 150.00

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. Hoffmann, III* **CHARLES T. HOFFMANN, III** APR 15 2007 (305) 691-1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #