

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001041

Entity Name: A.S.L. AFFILIATES, INC.

FILED
Jun 04, 2004
Secretary of State

Current Principal Place of Business:

4770 AVOCET DRIVE
NORCROSS, GA 30096

New Principal Place of Business:

Current Mailing Address:

4770 AVOCET DRIVE
NORCROSS, GA 30096

New Mailing Address:

FEI Number: 58-2626026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOKHANDWALA, AMEER
3391 S KIRKMAN ROAD #1222
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOKHANDWALA, SHIRAZ
Address: 4770 AVOCET DRIVE
City-St-Zip: NORCROSS, GA 30096

Title: S () Delete
Name: LOKHANDWALA, ANAR
Address: 4770 AVOCET DRIVE
City-St-Zip: NORCROSS, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRAZ

P

06/04/2004

Electronic Signature of Signing Officer or Director

Date