

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40905

FILED
Apr 06, 2005
Secretary of State

Entity Name: ASSOCIATED SAFETY DISTRIBUTORS, INC.

Current Principal Place of Business:

2160 NE 206 ST
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

2160 NE 206 ST
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-2122894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREINBERG, BERDYNE D
2160 NE 206 ST
NORTH MIAMI BEACH, FL 33179 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSV () Delete
Name: FREINBERG, BERDYNE D,
Address: 2160 NE 206 ST
City-St-Zip: N MIAMI BEACH FL,

Title: T () Delete
Name: FREINBERG, NANCY
Address: 2160 NE 206 STR
City-St-Zip: NO MIAMI BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: FREINBERG COHEN, NANCY
Address: 2160 NE 206 STR
City-St-Zip: NO MIAMI BCH, FL

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: BERDYNE D. FREINBERG

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date