

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 034 ***150.00

| | | | | | | | |
|--|--------------------------|--|---|--|---|----------|--|
| DOCUMENT # F47517 | | | |  | | | |
| 1. Entity Name ASCOT GROUP, INC. | | | | | | | |
| Principal Place of Business 1691 MICHIGAN AVE., #300 MIAMI BEACH, FL 33139 US | | | Mailing Address 1691 MICHIGAN AVE., #300 MIAMI BEACH, FL 33139 US | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 59-2127833 | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| GÜREN, SHELDON B 1691 MICHIGAN AVE., #300 MIAMI BEACH, FL 33139 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | FL | Zip Code | |
| | | | 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: <i>Sheldon B. Guren</i> 4/27/08 | | | DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GUREN, SHELDON B | | | NAME | | | |
| STREET ADDRESS | 1691 MICHIGAN AVE., #300 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KOROTKY, PAMELA G | | | NAME | | | |
| STREET ADDRESS | 5222 RUSSELL ST #26 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA, FL 33611 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| 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: <i>Sheldon B. Guren</i> | | | Date: 4/27/08 | | Daytime Phone #: 305 374 4007 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # | | |