


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000000006	
1. Entity Name ASR-77 SECURITIES, INC.	

Principal Place of Business C/O STEPHEN A. BODZIN 1156 15TH ST., N.W., STE. 329 WASHINGTON, DC 20005	Mailing Address C/O STEPHEN A. BODZIN 1156 15TH ST., N.W., STE. 329 WASHINGTON, DC 20005
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1283099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVES, GAIL 3520 S. OCEAN BLVDAPT APT 201 LINDA PALM BEACH, FL 33480
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REICH, ANNE S 4200 MASSACHUSETTS AVE., N.W. APT. 506 WASHINGTON, DC 20016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REICH, HILARY L. 308 E. 72ND ST #7C NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BODZIN, STEPHEN A 1156 15TH STREET, N.W., STE. 329 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/06-80015-005 150.00

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: Stephen Bodzin 1-6-06 202-785-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #