


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003853 1. Entity Name FLORIDA-ASE, INC.					
Principal Place of Business DE 101 PARK AVE NEW YORK NY 10178			Mailing Address 4 WOOD HOLLOW ROAD PARSIPPANY NJ 07054		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3271700 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CPD BOUDINOT, REGINALD D 8283 GREENSBORO DR. MCLEAN VA 22102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD DOUGHTY, DENNIS O 8283 GREENSBORO DR. MCLEAN VA 22102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVD APPELBY, C.G. 8283 GREENSBORO DRIVE MCLEAN VA 22102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BIANCO, ANTHONY S 101 PARK AVE NEW YORK NY 10178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPTD SWENSON, DOUGLAS 4 WOOD HOLLOW RD PARSIPPANY NJ 07054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AT LUCKEWICZ, MICHAEL 4 WOOD HOLLOW RD PARSIPPANY NJ 07054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E034 (10/04)

4. FEI Number **22-3271700** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Luckewicz Michael Luckewicz 4/4/05 973-630-6713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #