2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/3/2004-90001-020-$150.00-$150.00 *
9/9/2004-90003-050-$400.00-$400.00

FILED
04 SEP 23 AM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

59-234-0464

MOORE CR2E034 (11/03)

Th

DOCUMENT G 62912

1. Entity Name
A S M, Inc

Principal Place of Business
2 S. Biscayne Blvd
Ste 104
Miami FL 33131

Mailing Address
Same

2. Principal Place of Business
2 S. Biscayne Blvd
Suite, Apt. #, etc. 104
City & State Miami FL
Zip 33131
Country U-SA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-234-0464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Shoshana Grunberg
19710 N.E. 23rd Ave
N. Miami Beach FL 33180

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D NAME Josef Grunberg STREET ADDRESS 19710 N.E. 23rd Ave CITY-ST-ZIP N. Miami Beach FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S/T NAME Shoshana Grunberg STREET ADDRESS 19710 N.E. 23rd Ave CITY-ST-ZIP N. Miami Beach FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] - Secretary 7/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #