

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # H83116

1. Entity Name
A & S DESIGN, INC.



Principal Place of Business
**7907 HIBISCUS COURT
TAMARAC, FL 33321-2136**

Mailing Address
**7907 HIBISCUS COURT
TAMARAC, FL 33321-2136**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2595732

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIED, ALLAN R
7904 HIBISCUS COURT
TAMARAC, FL 33321-2136**

**DO NOT WRITE
IN THIS SPACE**

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 re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIED, ALLAN R.
STREET ADDRESS	7907 HIBISCUS COURT
CITY-ST-ZIP	TAMARAC, FL 333212136
TITLE	ST
NAME	FRIED, SHARON D
STREET ADDRESS	7907 HIBISCUS COURT
CITY-ST-ZIP	TAMARAC, FL 333212136
TITLE	V
NAME	FRIED, GREGORY M
STREET ADDRESS	7907 HIBISCUS COURT
CITY-ST-ZIP	TAMARAC, FL 333212136
TITLE	V
NAME	FRIED, DEBRA B
STREET ADDRESS	7907 HIBISCUS COURT
CITY-ST-ZIP	TAMARAC, FL 333212136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000001384029
01/13/06-80024-017 158.75

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IN THIS SPACE**

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, without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06 954-720-0387

Date

Daytime Phone #