2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # H83116

1. Entity Name

A & S DESIGN, INC.



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

7907 HIBISCUS COURT TAMARAC, FL 33321-2136 Mailing Address

7907 HIBISCUS COURT TAMARAC, FL 33321-2136



01042008

No Chg-P

CR2E034 (11/05)

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

7907 HIBISCUS COURT

FRIED, GREGORY M 7907 HIBISCUS COURT

FRIED, DEBRA B

TAMARAC, FL 333212136

TAMARAC, FL 333212136

7907 HIBISCUS COURT

TAMARAC, FL 333212136

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) - ---000000784824 9. Election Campaign Financing \$5.00 May Be 01/16/08-80071-014 158.75 FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FRIED, ALLAN R. NAME STREET ADDRESS 7907 HIBISCUS COURT CITY-ST-ZIP TAMARAC, FL 333212136 TITLE ST FRIED, SHARON D NAME

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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 significant payer 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 regulated 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ALLAN K, FKIED (F.

- 7-05

954-720-038

Date

Daytime Phone #