2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25112

Entity Name: ASTOR & COMPANY INC.

FILED Mar 20, 2007 Secretary of State

Littly Na	ille. ASTOR	x COMPAINT	, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
	RCH STREET ARLOTTE, FL					
Current Mailing Address:				New Mailing Address:		
P.O. BOX PORT CH.	496104 ARLOTTE, FL	339496104	US			
FEI Number	: 59-2700588	FEI Numbe	r Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PORT CH. The above	EHAN BLVD ARLOTTE, FL			purpose of changing its regis	stered office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature	of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund (Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (KAMEN, DAVII 4415 CHURCH PORT CHARLO	ST	0	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SNIPES, JEAN 4415 CHURCH		0	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (KAMEN, JOSE 1685 SHEEHA PORT CHARLO	N BLVD	2	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

03/20/2007