


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # J98768
1. Entity Name
AMERICAN SPECIALTY SALES CORP.



Principal Place of Business
14286 BISCAYNE BLVD
NORTH MIAMI, FL 33181

Mailing Address
14286 BISCAYNE BLVD
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0018695

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MINICK, ROBERT K JR
14286 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181

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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: *Robert Minick* *Linda Minick* 4/15/05
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINICK, ROBERT K JR 14286 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINICK, LINDA 14286 BISCAYNE BLVD MIAMI, FL 33181
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04/23/05-80019-023 150.00

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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: *Linda R Minick* 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #