


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



04092008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0018695**      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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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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 04/25/08-80057-003 158.75

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, with all other like empowered.

SIGNATURE: *Linda R. Minick, Linda R. Minick*      4/8/08      305-947-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #