

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98768

FILED
Apr 20, 2009
Secretary of State

Entity Name: AMERICAN SPECIALTY SALES CORP.

Current Principal Place of Business:

14286 BISCAYNE BLVD
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

14286 BISCAYNE BLVD
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-0018695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINICK, ROBERT K JR
14286 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINICK, ROBERT K JR
Address: 14286 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: V () Delete
Name: MINICK, LINDA
Address: 14286 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

Title: ST () Delete
Name: MINICK, LINDA R
Address: 14286 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR () Change (X) Addition
Name: HAZELET, JESSE
Address: 14286 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LINDA MINICK

VP

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date