

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L31938

FILED
Apr 30, 2003
Secretary of State

Entity Name: ASTRA, INC.

Current Principal Place of Business:

1700 NW 65 AVE
SUITE 7
PLANTATION, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

1700 NW 65 AVE
SUITE 7
PLANTATION, FL 33313 US

New Mailing Address:

FEI Number: 65-0324200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOM PRZYBOJEWSKI
1700 NW 65 AVE
SUITE 7
PLANTATION, FL 33313 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: PRZYBOJEWSKI, THOMAS, R.
Address: 1700 NW 65 AVE., STE 7
City-St-Zip: PLANTATION, FL 33313

Title: ST () Delete
Name: ELLIS, STEVE
Address: 12926 BRIARLAKE DRIVE B202
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: GORDON, MARK W
Address: 19911 NE 10TH PLACE WAY
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: D () Delete
Name: BERMANN, PEDRO
Address: 2131 NE 202 ND STREET
City-St-Zip: N MIAMI BEACH, FL 33179

Title: D () Delete
Name: COLLINS, RON
Address: C/O J CULLEN CPA, -7411 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS R. PRZYBOJEWSKI

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date