## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # M15528** 02-16-2006 90034 043 \*\*\*150.00 AMERICAN SPECIALTIES, INC. Mailing Address Principal Place of Business 4860 N 36TH CT 3389 SHERIDAN ST CCFATANO HOLLYWOOD, FL 33021 313 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 5140 SW 5140 Suite, Apt. #, etc 01092006 CR2E034 (11/05) City & State City & State 4 FEI Number Applied For 59-2532292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARNER, RICHARD S. 4860 N. 36TH COURT HOLLYWOOD, FL 33021 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 Det! 2006 SIGNATURE (NOTE: Registered Agent signature required when minsteling) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DST tme Delete Addition Todd S. Warner 5140 Sw 40th Rve., # 40 WARNER, RICHARD S. NAME NAME STREET ADDRESS 3389 SHERIDAN ST #313 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MILE Delete MILE ☐ Change ☐ Addition NAME SANTOMASO, MICHAEL A. A NAME 3389 SHERIDAN ST #313 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-7/P VP Delets TITLE ☐ Change ☐ Addition WARNER, NANCY NAME NAME 3389 SHERIDAN ST #313 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MLE Delete IME Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE Delete **MILE** ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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 charged, or on an attachment with an address, with all other like empowered. SIGNATURE: 954 983-**66**6

Date

FILED

Feb 16, 2006 8:00 am