

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 18 PM 5:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*

DOCUMENT # P00000025208

1. Entity Name  
ASI FOR YOU, INC.



Principal Place of Business  
4928 BRANDYWINE DRIVE  
BOCA RATON, FL 33487-2108

Mailing Address  
4928 BRANDYWINE DRIVE  
BOCA RATON, FL 33487-2108

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03042004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0990225

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
FURST, ROBERT  
4928 BRANDYWINE DRIVE  
BOCA RATON, FL 33487-2108

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FURST, ROBERT 4928 BRANDYWINE DR BOCA RATON, FL 334872108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500050509635 04/12/05--01007--018 **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)(i), 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: *[Handwritten Signature]* **3-10-05** **954-545-3533**

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