

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000079070

1. Entity Name
ASCEND PROFORMANCE, INC.



FILED
Jul 16, 2004 08:00 AM
Secretary of State

Principal Place of Business
18460 SOUTHWEST 78TH PLACE
MIAMI, FL 33157

Mailing Address
18460 SOUTHWEST 78TH PLACE
MIAMI, FL 33157



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1034601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, HAROLD
18460 SW 78TH PLACE
MIAMI, FL 33157

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
PTD
STEWART, HAROLD
18460 SOUTHWEST 78TH PLACE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
STEWART, LUVAINA
18460 SOUTHWEST 78TH PLACE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000166692
07/16/04-80007-007 550.00

**DO NOT WRITE
IN THIS SPACE**

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

Harold Stewart HAROLD STEWART 6/30/04 305-232-2327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #