
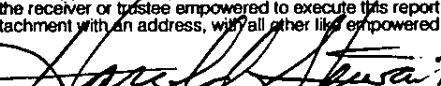


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000079070</b> 1. Entity Name <b>ASCEND PROFORMANCE, INC.</b>		
Principal Place of Business <b>18460 SOUTHWEST 78TH PLACE MIAMI, FL 33157</b>		Mailing Address <b>18460 SOUTHWEST 78TH PLACE MIAMI, FL 33157</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>STEWART, HAROLD 18460 SW 78TH PLACE MIAMI, FL 33157</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/21/08</b> <small>Daytime Phone #</small>



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1034601** Applied For  
Not Applicable

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

U000000795401  
01/28/08-80047-006 150.00

**DO NOT WRITE  
IN THIS SPACE**