

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091144

FILED
Jan 20, 2009
Secretary of State

Entity Name: PAS ASTRO-SOFT, INCORPORATED

Current Principal Place of Business:

11925 GRAN CRIQUE CT. S.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

480-106 STATE ROAD 13 N., #206
JACKSONVILLE, FL 32259

New Mailing Address:

450-106 STATE ROAD 13 N., #206
JACKSONVILLE, FL 32259

FEI Number: 59-3673883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LONG, LINDA D
11925 GRAN CRIQUE CT. S.
JACKSONVILLE, FL 32223 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: PD () Delete
Name: LINDA, LONG D
Address: 11925 GRAN CRIQUE CT. S.
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: TOSCANO DE ALMEIDA, CARLOS
Address: 208 STRAWBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: LINDA D. LONG

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date