

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082849

Entity Name: AST SOLUTIONS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

5440 NW 33RD AVE  
STE 103  
FT LAUDERDALE, FL 33309

## Current Mailing Address:

5440 NW 33RD AVE  
STE 103  
FT LAUDERDALE, FL 33309

## New Principal Place of Business:

4702 MARTINIQUE DRIVE  
STE B-1  
COCONUT CREEK, FL 33066

## New Mailing Address:

4702 MARTINIQUE DRIVE  
STE B-1  
COCONUT CREEK, FL 33066

FEI Number: 65-1144563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANNELLY & COMPANY, PA  
5440 NW 33RD AVE  
STE 103  
FORT LAUDERDALE, FL 33309 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: PSTD ( ) Delete  
Name: ASTERN, CHERYL  
Address: 5440 NW 33 AVE STE 103  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP/D ( ) Delete  
Name: ASTERN, LAUREN  
Address: 5440 NW 33 AVE STE 103  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP/D ( ) Delete  
Name: ASTERN, KRISTYN  
Address: 5011 SPRINGDALE DRIVE  
City-St-Zip: SUMMERVILLE, SC 29485

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: ASTERN, CHERYL  
Address: 4702 MARTINIQUE DRIVE B-1  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP/D (X) Change ( ) Addition  
Name: ASTERN, LAUREN  
Address: 4702 MARTINIQUE DRIVE B-1  
City-St-Zip: COCONUT CREEK, FL 33066

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: CHERYL ASTERN

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date