


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90226 001 \*\*\*150.00

**DOCUMENT # P02000001960**

1. Entity Name  
**ASPI TECHNOLOGIES, INC.**



Principal Place of Business  
**1401 FORSYTH ROAD  
 WEST PALM BEACH FL 33405**

Mailing Address  
**1401 FORSYTH ROAD  
 WEST PALM BEACH FL 33405**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **30-0034448**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEWIS, BRANDON S  
 1401 FORSYTH ROAD  
 WEST PALM BEACH FL 33405**

**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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | P                        | <input checked="" type="checkbox"/> Delete |
| NAME           | VASSER, ROBBIE R         |                                            |
| STREET ADDRESS | 1401 FORSYTH ROAD        |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33405 |                                            |
| TITLE          | V                        | <input type="checkbox"/> Delete            |
| NAME           | LEWIS, BRANDON S         |                                            |
| STREET ADDRESS | 1401 FORSYTH ROAD        |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33405 |                                            |
| TITLE          | S                        | <input type="checkbox"/> Delete            |
| NAME           | CHAVEZ, RAFAEL           |                                            |
| STREET ADDRESS | 1481 FORSYTH RD          |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33405 |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | PRESIDENT               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CHAVEZ, RAFAEL          |                                                                              |
| STREET ADDRESS | 1670 ROCK TERR          |                                                                              |
| CITY-ST-ZIP    | WEST PALM BCH, FL 33401 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

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: RAFAEL CHAVEZ 4/27/04 (561) 689-5190

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