

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90984 008 ***150.00

DOCUMENT # P02000006202 1. Entity Name ASTRO CONSTRUCTION MANAGEMENT CORP.																													
Principal Place of Business 513 S. OCEAN DRIVE #B HOLLYWOOD FL 33019			Mailing Address 513 S. OCEAN DRIVE #B HOLLYWOOD FL 33019																										
2. Principal Place of Business 513 S. OCEAN DRIVE Suite, Apt. #, etc. B		3. Mailing Address 513 S. OCEAN DRIVE Suite, Apt. #, etc. B																											
City & State Hollywood FL-3 Zip 33019 Country USA		City & State Hollywood FL Zip 33019 Country USA		4. FEI Number 01-0588987 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)																									
6. Name and Address of Current Registered Agent BERGMAN, EDWARD A 513 S. OCEAN DRIVE #B HOLLYWOOD FL 33019			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 <u>Edward Bergman</u> DATE <u>4/24/04</u> <small>Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																													
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERGMAN, EDWARD A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>513 S. OCEAN DRIVE #B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD FL 33019</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BERGMAN, EDWARD A		STREET ADDRESS	513 S. OCEAN DRIVE #B		CITY-ST-ZIP	HOLLYWOOD FL 33019		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Edward A. Bergman - Director</u> DATE <u>5/10/04</u> 954-927-8236 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													