

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000030064

FILED
May 01, 2003
Secretary of State

Entity Name: A S O SYSTEMS CORP.

Current Principal Place of Business:

5446 SW 8TH ST
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 655332
MIAMI, FL 33265

New Mailing Address:

FEI Number: 75-3031562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE CESPEDES, JAVIER C
5446 SW 8TH ST
CORAL GABLES, FL 33134

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: DE CESPEDES, JAVIER C
Address: 5446 SW 8TH ST
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: SULLIVAN, JOSEFINA ANA
Address: 5446 SW 8TH ST
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SULLIVAN, JO-ANNA
Address: 5446 SW 8TH ST
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JO-ANNA SULLIVAN

VD

05/01/2003

Electronic Signature of Signing Officer or Director

Date