

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000036691**

1. Entity Name  
**ASON NEUMAG CORPORATION**



Principal Place of Business  
**ONE FINANCIAL PLAZA, SUITE 125  
FORT LAUDERDALE, FL 33394**

Mailing Address  
**ONE FINANCIAL PLAZA, SUITE 125  
FORT LAUDERDALE, FL 33394**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2038212**

Applied For

Not Applicable

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

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

**AMERICAN INFORMATION SERVICES, INC.  
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**U000000156481  
05/05/04-80030-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VOIGTLAENDER, CARSTEN DR. CHRISTIANSTRASSE 168-170 D-24536 NEUMUNSTER, GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MOLLER, ANDERS ONE FINANACIAL PLAZA, STE 125 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAVE, HENNING DR. CHRISTIANSTRASSE 168-170 D-24536 NEUMUNSTER, GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WUNDER, ULRICH LEVERKUSER STRASSE 65 REMSCHIED LENNEP, GERMANY, GE D-4287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KIRCHENWITZ, CLAUS CHRISTIANSTRASSE 168-170 D-24536 NEUMUNSTER, GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Anders Moller SVP**

**4-20-04**

**954-524-0601**