

FILED  
Apr 03, 2007 8:00 am  
Secretary of State

04-03-2007 90017 038 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000100935

1. Entity Name  
ASI DISPLAYS, INC.



Principal Place of Business  
13801 SW 144TH AVENUE ROAD  
MIAMI, FL 33186

Mailing Address  
13801 SW 144TH AVENUE ROAD  
MIAMI, FL 33186

40049213



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Po Box 770245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052007

Chg-P

CR2E034 (12/06)

City & State

City & State

Orlando, FL 32877

4. FEI Number

51-0427356

Applied For

Not Applicable

Zip

Country

Zip

32877

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIMMERMAN, MICHAEL J  
13320 SW 128TH STREET  
MIAMI, FL 33186

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
THOMPSON, MICHAEL  
13801 SW 144TH AVENUE ROAD  
MIAMI, FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Michael Thompson  
3054 Brandwine Drive  
Orlando, FL 32806 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 REGISTERED AGENT