


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90381 030 \*\*\*150.00

**DOCUMENT # P02000100935**

1. Entity Name  
**ASI DISPLAYS, INC.**



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

Mailing Address  
**P.O. BOX 770245**  
**ORLANDO, FL 32877**

2. Principal Place of Business - No P.O. Box #  
*11821 S. Orange Blossom Trail*

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

City & State  
**Orlando, FL**

City & State  
 City & State

Zip  
**32837**

Country



04252008 Chg-P CR2E034 (12/06)

4. FEI Number  
**51-0427356**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ZIMMERMAN, MICHAEL J**  
**13320 SW 128TH STREET**  
**MIAMI, FL 33186**

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 \_\_\_\_\_  
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, 2008 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	<b>P</b> <input type="checkbox"/> Delete <b>THOMPSON, MICHAEL</b> <b>3054 BRANDYWINE DRIVE</b> <b>ORLANDO, FL 32806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_ **4/25/08 (407) 219-3050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #