2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# P02000104666

Entity Name: ASTOR MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2100 W. 76 STREET
SUITE 407
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2100 W. 76 STREET
SUITE 407
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 37-1444048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRALEY, STEPHEN J ESQ
STRALEY & OTTO, P.A.
3990 SHERIDAN STREET, SUITE 109
HOLLYWOOD, FL 33021 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMPBELL, CHRISTOPHER H
Address: 3480 N.W. 203 STREET
City-St-Zip: MIAMI, FL 33056

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD ( ) Change (X) Addition
Name: SENIOR, TYRONE O
Address: 2730 SOMERSET DRIVE
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D ( ) Change (X) Addition
Name: OVALLES, EDGAR
Address: 9300 FONTAINEBLEAU BLVD.
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER CAMPBELL PD 05/02/2006

Electronic Signature of Signing Officer or Director — Date