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Apr 27, 2005 8:00 am
Secretary of State
04-04-2005 90053 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000105690

1. Entity Name
A.S.K. OF SOUTH FLORIDA INC

66013449

Principal Place of Business	Mailing Address
330 OLIVEWOOD PL 0218 BOCA RATON, FL 33431	330 OLIVEWOOD PL 0218 BOCA RATON, FL 33431

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4176 Carambola Ci. S.		4176 Carambola Ci. S.	
Suite, Apt. #, etc.: # 2173		Suite, Apt. #, etc.: # 2173	
City & State: Coconut Creek, FL		City & State: Coconut Creek, FL	
Zip: 33066	Country: U.S.	Zip: 33066	Country: U.S.

4. FEI Number: 01-0744696 ☐ Applied For ☐ Not Applicable

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
KARASIK, ADAM 330 OLIVEWOOD PL 0218 BOCA RATON, FL 33431	Name: Jeffrey Karasik Street Address (P.O. Box Number Is Not Acceptable): 4176 Carambola Ci. S. # 2173 City: Coconut Creek FL Zip Code: 33066

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] 4/21/05
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, 2005 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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	KARASIK, ADAM		NAME	Karasik, Jeffrey	
STREET ADDRESS	330 OLIVEWOOD PL 0218		STREET ADDRESS	4176 Carambola Circle South # 2173	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] JEFFREY KARASIK 4/21/05 954-971-4425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #