


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90001 017 ***150.00

DOCUMENT # P02000107216

1. Entity Name
A.F.S.S. MANAGEMENT, INC.



Principal Place of Business Mailing Address

~~1851 NORTHWEST 125TH AVE~~ ~~1851 NORTHWEST 125TH AVE~~
~~SUITE 338~~ ~~SUITE 338~~
~~PEMBROKE PINES, FL 33028~~ ~~PEMBROKE PINES, FL 33028~~

2. Principal Place of Business 3. Mailing Address

1932A TIGERTAIL BLVD *1932A TIGERTAIL BLVD*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DANIA, FL *DANIA, FL*

Zip Country Zip Country

33004 *USA* *33004* *USA*



03202003 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

13-4215183 Not Applicable

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

6. Name and Address of Current Registered Agent

SMYTH, PAUL H
1851 NORTHWEST 125TH AVENUE
SUITE 338
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1932A TIGERTAIL BLVD.

City *DANIA* FL Zip Code *33004*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	SMYTH, PAUL H	
STREET ADDRESS	13852 NW 10TH COURT	
CITY-ST-ZIP	PEMBROEK PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Paul H Smyth* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR