


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90140 026 ***150.00

DOCUMENT # P02000115173 1. Entity Name ASD BROKERAGE AND INVESTMENT, INC.	
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Principal Place of Business 2 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 2 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0654012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
350 EAST LAS OLAS BOULEVARD
SUITE 1600
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO BLEUS, MAUD M 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GONZALEZ, RICARDO 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'MARD, SYLVIA 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANOT, TERRY 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP, CAROLYN 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LEE ROY 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134

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IN THIS SPACE**

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:  4/27/05 (786) 552-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #