



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90144 002 \*\*\*150.00

<b>DOCUMENT # P02000115173</b> 1. Entity Name ASD BROKERAGE AND INVESTMENT, INC.					
Principal Place of Business <b>2 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134</b>			Mailing Address <b>2 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		40077000  	
City & State		City & State		4. FEI Number <b>02-0654012</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BOULEVARD SUITE 1600 FORT LAUDERDALE, FL 33301</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BLEUS, MAUD M 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>LANDERS, HOWARD B.</b> <b>2 Alhambra Plaza, Suite 1100</b> <b>CORAL Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VERA, ESDRAS 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CEO D</b> <b>VERA, ESDRAS</b> <b>2 Alhambra Plaza, Suite 1100</b> <b>CORAL Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANOT, TERRY 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP, CAROLYN 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LEE ROY 2 ALHAMBRA PLAZA, SUITE 1100 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Maud Bleus</u> <b>MAUD H. BLEUS,</b> <u>04/25/2006</u> <u>786-552-0091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					