

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016181

FILED  
Mar 31, 2004  
Secretary of State

**Entity Name:** ADMINISTRATIVE SERVICES & ACCOUNTING SYSTEMS , CORP.

**Current Principal Place of Business:**

7016 NW 169TH STREET  
MIAMI, FL 33015

**New Principal Place of Business:**

5300 NW 33RD AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33009

**Current Mailing Address:**

7016 NW 169TH STREET  
MIAMI, FL 33015

**New Mailing Address:**

5300 NW 33RD AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33009

**FEI Number:** 74-3079504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEARSON, JAIR  
7016 NW 169 STREET  
MIAMI, FL 33015

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PEARSON, JAIR  
Address: 7016 NW 169 STREET  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAIR PEARSON

P

03/31/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date