


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90005 037 ***150.00

DOCUMENT # P03000042813		
1. Entity Name ASC DISTRIBUTOR CONSULTING, CORPORATION		

40095387



06052006 Chg-P CR2E034 (11/05)

Principal Place of Business 16430 SW 88TH AVE PALMETO BAY, FL 33157	Mailing Address 7180 NORTH AUGUSTA DRIVE HIALEAH, FL 33015
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2. Principal Place of Business 7180 NORTH AUGUSTA DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH FLORIDA	City & State
Zip 33015	Country USA

4. FEI Number 05-0576827	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GOSE, LETICIA 16430 SW 88TH AVE PALMETO BAY, FL 33157	

7. Name and Address of New Registered Agent	
Name Gose, LETICIA	
Street Address (P.O. Box Number is Not Acceptable)	
7180 NORTH AUGUSTA DRIVE	
City HIALEAH	FL Zip Code 33015

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] DATE: 06/09/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOSE, LETICIA 16430 SW 88 AVE PALMETO BAY, FL 33157 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gose, Leticia 7180 NORTH AUGUSTA DR HIALEAH FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: [Signature] DATE: 06/09/06 (786) 488-9770

ATTACHMENT

40095387

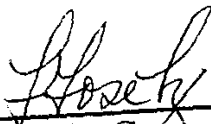
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

PD3000042813

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee. ASC DISTRIBUTOR CONSULTING Co.

We did not receive the U.B.R. for the year 2006, or any other notice from the Division of Corporations in respect with the Corporation.

Thank you for your courtesy in this matter.



Leticia Gose,
President.