

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055947

Entity Name: A&S MERCHANDISE, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

1750 N UNIVERSITY DR
227
CORAL SPRINGS, FL 33071

Current Mailing Address:

1750 N UNIVERSITY DR
227
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

10693 WILES RD
122
CORAL SPRINGS, FL 33076

New Mailing Address:

10693 WILES RD
122
CORAL SPRINGS, FL 33076

FEI Number: 02-0693091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVERRI, SINDIANA
1750 N UNIVERSITY DR
227
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ECHEVERRI, SINDIANA
10693 WILES RD
122
CORAL SPRINGS, FL 33076 US

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: SINDIANA ECHEVERRI

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: ECHEVERRI, SINDIANA M
Address: 1750 N UNIVERSITY DR #227
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DIR () Delete
Name: SOARD, TODD
Address: 1750 N UNIVERSITY DR #227
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ECHEVERRI, SINDIANA M
Address: 10693 WILES RD 122
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP (X) Change () Addition
Name: SOARD, TODD
Address: 10693 WILES RD 122
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SINDIANA ECHEVERRI

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date