

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90038 017 ***150.00

DOCUMENT # P03000066098

1. Entity Name

A S DISTRIBUTION CORPORATION



Principal Place of Business

**5800 KROME AVENUE
SUITE 103
MIAMI, FL 33193**

Mailing Address

**5800 KROME AVENUE 451 E, ROGERS
SUITE 103 BOCA RATON, FL 33487
MIAMI, FL 33193**

00006085



07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0834713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANN, MICHAEL
5800 KROME AVENUE
SUITE 103
MIAMI, FL 33193**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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 PD
NAME MOORE, MOSES
STREET ADDRESS 5800 KROME AVENUE, SUITE 103
CITY-ST-ZIP MIAMI, FL 33193

TITLE VD
NAME MANN, MICHAEL
STREET ADDRESS 5800 KROME AVENUE, SUITE 103
CITY-ST-ZIP MIAMI, FL 33193

TITLE STD
NAME STAMPLER, HARRY
STREET ADDRESS 5800 KROME AVENUE, SUITE 103
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Michael Mann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MANN

Date

Daytime Phone #

7/14/05 561-715-3366