

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150350

Entity Name: A.S.A.P. PERMITS, INC.

FILED
Sep 14, 2004
Secretary of State

Current Principal Place of Business:

9472 CARLYLE AVENUE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9472 CARLYLE AVENUE
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 57-1200914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVARES, SANDRA
9472 CARLYLE AVENUE
SURFSIDE, FL 33154

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REBAZA, ALEJANDRO
Address: 9472 CARLYLE AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: VSD () Delete
Name: OLIVARES, SANDRA
Address: 9472 CARLYLE AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SANDRA OLIVARES

VSD

09/14/2004

Electronic Signature of Signing Officer or Director

Date