2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# P03000150350

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

Current Principal Place of Business:

9472 CARLYLE AVENUE
SURFSIDE, FL 33154

New Principal Place of Business:

1642 NE 110 TERRACE
DADE COUNTY, FL 33161

Current Mailing Address:

9472 CARLYLE AVENUE
SURFSIDE, FL 33154

New Mailing Address:

1642 NE 110 TERRACE
DADE COUNTY, FL 33161

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 US

Name and Address of New Registered Agent:

OLIVARES, SANDRA
1642 NE 110 TERRACE
DADE COUNTY, FL 33161 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: 05/05/2006
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: PD (X) Change ( ) Addition
Name: REBAZA, ALEJANDRO
Address: 1642 NE 110 TERRACE
City-St-Zip: DADE COUNTY, FL 33161

Title: VSD (X) Change ( ) Addition
Name: OLIVARES, SANDRA
Address: 1642 NE 110 TERRACE
City-St-Zip: DADE COUNTY, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEJANDRO REBAZA DIRE 05/05/2006
Electronic Signature of Signing Officer or Director — Date