## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

Fee Required

Daylime Phone #

ANNUAL REPORT	
DOCUMENT # P04000019486	

1. Entity Name
ASM HOME REPAIRS, INC.

Principal Place of Business

2154 WOODLANDS WAY DEERFIELD BEACH, FL 33442 Mailing Address

2154 WOODLANDS WAY DEERFIELD BEACH, FL 33442



DO	NOT	WRIT	FIN	THIS	SPA	CF
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04172008	No Chg-P	CR2E034 (11/05)			
4. FEI Number	r		Applied For		
30-0244472			Not Applicable		
5. Certificate of Status Desired			\$8.75 Additional		

6. Name and Address of Current Registered Agent

MAJEWSKI, ALAIN 2154 WOODLANDS WAY DEERFIELD BEACH, FL 33442

SIGNATURE: 2

SIGNATURE AND

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered again and little it	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution	oing	\$5.00 May Be Added to Fees	000000948529 06/02/08-80059-014 15	0.,00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAJEWSKI, ALAIN 2154 WOODLANDS WAY DEERFIELD BEACH, FL 33442					
NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
12. I hereby of indicated of the corp changed,	ertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee expowered or on an attachment with an address, with all	ing does not qualify for the exer nd accurate and that my signatu to execute this report as require other like empowered.	nptions con re shall hav id by Chapi	itained in Chapter 11 e the same legal effe er 607, Florida Statut	9. Florida Statutes I further certify that the ct as if made under oath; that I am an offices, and that my name appears in Block 10	information er or director or Block 11 if

ME OF SIGNING OFFICER OR DIRECTOR