

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Nov 07, 2006**  
**Secretary of State**

DOCUMENT# P04000032772

Entity Name: ASG SECURITIES, INC.

**Current Principal Place of Business:**

50 NE 26 AVE STE 201  
SUITE 201  
POMPANO BCH, FL 33062 US

**Current Mailing Address:**

50 NE 26 AVE STE 201  
SUITE 201  
POMPANO BCH, FL 33062 US

FEI Number: 20-0720575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**New Principal Place of Business:**

6555 N. POWERLINE ROAD  
SUITE 408  
FT LAUDERDALE, FL 33309 US

**New Mailing Address:**

6555 N. POWERLINE ROAD  
SUITE 408  
FT. LAUDERDALE, FL 33309 US

**Name and Address of Current Registered Agent:**

LENZ, CORBETT  
50 NE 26 AVE STE 201  
SUITE 201  
POMPANO BCH, FL 33062 US

**Name and Address of New Registered Agent:**

LENZ, CORBETT  
6555 N. POWERLINE ROAD  
SUITE 408  
FT. LAUDERDALE, FL 33309 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: CORBETT LENZ

11/07/2006

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: DS ( ) Delete  
Name: LENZ, CORBETT  
Address: 50 NE 26 AVE STE 201  
City-St-Zip: POMPANO BCH, FL 33062

Title: D ( ) Delete  
Name: SCILLIA, MICHAEL  
Address: 50 NE 26 AVE STE 201  
City-St-Zip: POMPANO BCH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: LENZ, CORBETT  
Address: 6555 N. POWERLINE ROAD, SUITE 408  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D (X) Change ( ) Addition  
Name: SCILLIA, MICHAEL  
Address: 6555 N. POWERLINE ROAD, SUITE 408  
City-St-Zip: FT. LAUDERDALE, FL 33309

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: CORBETT LENZ

DS

11/07/2006

Electronic Signature of Signing Officer or Director

Date