
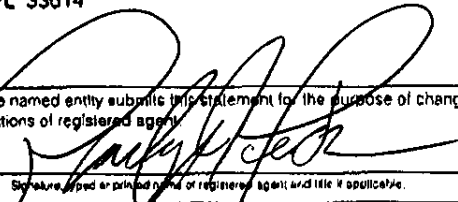
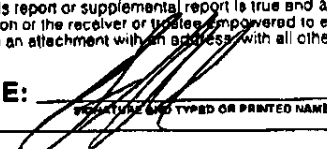


10fz

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000066126			
1. Entity Name A.S.K. COMMUNICATIONS, INC.			
Principal Place of Business 1331 COOLMONT DR. BRANDON, FL 33511 US		Mailing Address 1331 COOLMONT DR. BRANDON, FL 33511 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1011269		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TESTA, PHILIP J SR 4726-B N. LOIS AVE TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDOVAL, SERGIO R 1331 COOLMONT DR BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JERRY, HENRY 1331 COOLMONT DR. BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date Daytime Phone #	

FILED

05 DEC 12 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20f2

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT I NEVER GOT THE NOTICE FROM YOUR OFFICE TO  
PAY THE ANNUAL FEE BUT ON 2005 I SUBMITTED THE ANNUAL REPORT FORM  
ALONG WITH THE PAYMENT OF \$150.00 AND I NEVER RECEIVED A REJECTED  
LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING A COMPLETE COPY OF THE  
ANNUAL REPORT FORM WITH THE CURRENT INFORMATION ALONG WITH THIS  
LETTER AND A COPY OF THE CHECK FOR YOUR OFFICE. HOPEFULLY YOU CAN  
HELP TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL YOUR  
HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION AND IF YOU HAVE ANY  
FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT US.

CORDIALLY,

  
\_\_\_\_\_  
SERGIO R SANDOVAL  
PRESIDENT

RECEIVED  
05 DEC 12 AM 10:13  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA