

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

04-30-2007 90856 024 ***150.00

DOCUMENT # P04000077766 1. Entity Name ASRZM, INC.			
Principal Place of Business 2361-7TH ST S ST PETERSBURG, FL 33705-3107		Mailing Address P.O. BOX 14504 ST PETERSBURG, FL 33733	
2. Principal Place of Business - No P.O. Box # 2410-12TH ST S Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State St Petersburg FL		City & State _____	
Zip 33705	Country USA	Zip _____	Country _____
4. FEI Number 73-1704404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEIGHTS, REGINA 877 25 AVE S B UNIT ST PETERSBURG, FL 33705-3107		7. Name and Address of New Registered Agent Name TONEY S. LOWE S Street Address (P.O. Box Number is Not Acceptable) 1119 8th Ave NE City LARGO FL Zip Code 33770	
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 <u><i>Toney S. Lowe S</i></u> DATE <u><i>5-21-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SPEIGHTS, REGINA P.O. BOX 14504 ST PETERSBURG, FL 33733 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Regina Sylvester PO Box 14504 ST Pet FL 33733 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SYLVESTER, ANTHONY P.O. BOX 14504 ST PETERSBURG, FL 33733 <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
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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 exemptions contained 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 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: <u><i>Regina Sylvester</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>04-27-07</i></u> Daytime Phone # <u><i>(727) 4093493</i></u>	