


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90031 049 \*\*\*150.00

<b>DOCUMENT # P04000111595</b>			
1. Entity Name <b>NASF CORP.</b>			
Principal Place of Business <b>4233 MONROE ST HOLLYWOOD FL 33021</b>		Mailing Address <b>4233 MONROE ST HOLLYWOOD FL 33021</b>	
2. Principal Place of Business - No P.O. Box # <b>4233 Monroe St</b>		3. Mailing Address <b>4233 Monroe St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hollywood, FL</b>		City & State <b>Hollywood, FL</b>	
Zip <b>33021</b>		Zip <b>33021</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>GEIGES, MARION H 4233 MONROE ST HOLLYWOOD FL 33021</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering)			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> 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	<b>D GEIGES, MARION H 4233 MONROE ST HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Marion H. Geiges **MARION H. Geiges** 2-1-08 (954) 86-9717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #