

FROM :

FAX NO. :

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-18-2007 90027 014 ****61.25

06-21-2007 90023 017 ****88.75

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000144733			
1. Entity Name ASM INC			
Principal Place of Business 7041 ENVIRON BLVD - STE 429 LAUDERHILL, FL 33319		Mailing Address 7041 ENVIRON BLVD - STE 429 LAUDERHILL, FL 33319	
2. Principal Place of Business - No P.O. Box # 6804 CAMILE STREET Suite, Apt. 4, etc.		3. Mailing Address Suite, Apt. 4, etc.	
City & State Boynton Bch, FL		City & State	
Zip 33437	Country PAIM Beach	Zip	Country
4. FEI Number 20-2602882		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBOSA, MARCIA 7041 ENVIRON BLVD - STE 429 LAUDERHILL, FL 33319		7. Name and Address of New Registered Agent Name KENNETH CORKERY Street Address (P.O. Box Number is Not Acceptable) 6804 Camile St City Boynton Bch FL Zip Code 33437	
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 KENNETH CORKERY Date 05/15/07			
FILE RETURN FEE IS \$500.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	D BARBOSA, MARCIA 7041 ENVIRON BLVD - STE 429 LAUDERHILL, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNETH CORKERY PRESIDENT 6804 Camile St Boynton Bch, FL, 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR MARCIA BARBOSA CORKERY 6804 Camile St Boynton Bch, FL, 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 furnished 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 member 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:

Marcia B. Corkery

40121334



05152007 Chg-P CR2E034 (12/06)