

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-02-2005 90517 009 ***150.00

DOCUMENT # P04000173119 1. Entity Name ASLO, INC.			
Principal Place of Business 676 W PROSPECT RD FT LAUDERDALE, FL 33309		Mailing Address 676 W PROSPECT RD FT LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Name and Address of Current Registered Agent HARRIS, MARK 676 W PROSPECT RD FT LAUDERDALE, FL 33309		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 _____ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	MARK HARRIS, PRES 676 W. PROSPECT RD FT. LAUDERDALE, FL 33309	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>MARK HARRIS</u>		4-25-04 954-SLS-2465	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date	

66023322



04052005 Chg-P CR2E034 (10/03)

4. FEI Number 202077613 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required