

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90351 049 ***150.00

DOCUMENT # P05000008573

1. Entity Name
A & S ENTERPRISE OF USA INC



Principal Place of Business
**14320 LAKE CANDLEWOOD CT.
MIAMI LAKES, FL 33014**

Mailing Address
**14320 LAKE CANDLEWOOD CT.
MIAMI LAKES, FL 33014**



2. Principal Place of Business
3825 WEST 16 AVENUE

3. Mailing Address
3825 WEST 16 AVENUE

Suite, Apt. #, etc.
SUITE # 5

Suite, Apt. #, etc.
SUITE # 5

City & State
HALEAH FL

City & State
HALEAH FL

Zip
33012

Country
MIAMI-DADE

Zip
33012

Country
MIAMI-DADE

03232006 Chg-P CR2E034 (11/05)

4. FEI Number
27-0113847

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, SERGIO
14320 LAKE CANDLEWOOD CT.
MIAMI LAKES, FL 33014**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, SERGIO | |
| STREET ADDRESS | 14320 LAKE CANDLEWOOD CT. | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, YOHANY | |
| STREET ADDRESS | 14320 LAKE CANDLEWOOD CT. | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MONS, ORESTES JR | |
| STREET ADDRESS | 14320 LAKE CANDLEWOOD CT. | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 empowers.

SIGNATURE: *Antoniom JR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 305.823-9138
Date Daytime Phone #