


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000154253  
 1. Entity Name  
**ASSOCIATED HYDRAULIC SYSTEMS INC.**



Principal Place of Business      Mailing Address  
 143 NW 45TH AVENUE      143 NW 45TH AVENUE  
 DEERFIELD BEACH, FL 33442      DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



02072008    No Chg-P    CR2E034 (11/05)

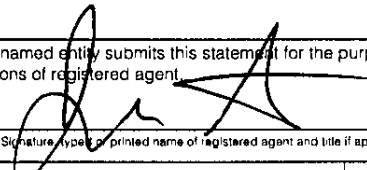
4. FEI Number <b>20-8088470</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, JARED**  
 143 NW 45TH AVENUE  
 DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**

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: **3/11/08**

Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

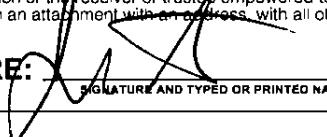
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDSTEIN, JARED
STREET ADDRESS	143 NW 45TH AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/28/08-80014-013 150.00

**DO NOT WRITE IN THIS SPACE**

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:       **Jared Goldstein**      DATE: **3/11/08**      DAYTIME PHONE #: **954 420 5718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #