## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000017721

Name:

Address:

City-St-Zip:

FERREIRA DE SOUZA, ROBERTO

FT. MYERS, FL 339072189

5100 S. CLEVELAND AVE. PMB 196

FILED May 11, 2009 Secretary of State

Entity Nan	ne: ASC F	LOORING CORPORATION			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3909 SW 2 LEHIGH AG	4TH ST CRES, FL 3	33976			
Current Mailing Address:			<b>New Mailing Address</b>	New Mailing Address:	
PMB 196	EVELAND				
FEI Number:	26-2009452	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
METRO BUSINESS SOLUTIONS, INC. 3940 METRO PKWY STE 105 FORT MYERS, FL 33916 US			4460 CLEVELAND AVE E	METRO BUSINESS AGENCY INC 4460 CLEVELAND AVE E FORT MYERS, FL 33901 US	
The above in the State		ty submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: METRO BUSINESS AGENCY INC				05/11/2009	
	Electi	ronic Signature of Registered Agen	t	Date	
		.193(2)(b), F.S., the corporation did not i	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	5100 S. CLE	( ) Delete CASTRO, ADEMAR EVELAND AVE. PMB 196 FL 339072189	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	RODRIGO D 5100 S. CLE	( ) Delete DE CASTRO, MAIKON EVELAND AVE. PMB 196 FL 339072189	Title: 0 Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title <sup>.</sup>	D	( ) Delete	Title:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ADEMAR DE SOUZA CASTRO DP 05/11/2009