

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000018409

Entity Name: ASTERISK SOLUTIONS INC.

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6809 MERION PLACE  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

6809 MERION PLACE  
NORTH LAUDERDALE, FL 33068 US

**New Mailing Address:**

PO BOX 934571  
MARGATE, FL 33093 US

FEI Number: 26-1966492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAR PLUS SOLUTIONS INC.  
1451 WEST CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TELUS, MOISE  
Address: 6809 MERION PLACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: MGR  
Name: DESTIN, ULRICK  
Address: 1140 SUSSEX DRIVE APT 1406  
City-St-Zip: NORTH LAUDERDALE, FL 33068

I hereby 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 all other like empowered.

SIGNATURE: MOISE TELUS

P

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date