

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019449

Entity Name: ASCAFER, INC.

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

220 S.E. STONEHAVEN RD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1395 BRICKELL AVE., #14 FL-KIB  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 01-0954234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAIER, KIRSTEN I  
1395 BRICKELL AVE., 14TH FLOOR  
MIAMI, FL 33131 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: PTD  
Name: BRIGNON, CATHERINE  
Address: 220 S.E. STONEHAVEN RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VSD  
Name: ZANEN, FERNAND  
Address: 220 S.E. STONEHAVEN RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: FERNAND ZANEN

V

03/28/2011

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

\_\_\_\_\_  
Date