

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000444

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: A.S.I. ENTERPRISES, INC.

**Current Principal Place of Business:**

16215 N.W. 15TH AVENUE  
MIAMI, FL 33169

**New Principal Place of Business:**

14394 COMMERCE WAY  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

16215 N.W. 15TH AVENUE  
MIAMI, FL 33169

**New Mailing Address:**

14394 COMMERCE WAY  
MIAMI LAKES, FL 33016

FEI Number: 65-0459999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERLOW, JEFFREY M  
1820 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009 US

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

PERLMAN, JEFF  
1820 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009 US

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: JEFF PERLMAN

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GLIST, ALAN M  
Address: 16215 NW 15TH AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: ST (X) Delete  
Name: KAMINSKY, JACK  
Address: 16215 NW 15TH AVENUE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ALAN M. GLIST

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date