

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 049 ***150.00

DOCUMENT # **P94 000067965**

1. Entity Name

ASIAN ARTS & DEER INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5515 FRUITVILLE RD

3. Mailing Address

5515 FRUITVILLE RD

Suite, Apt. #, etc.

SARASOTA CROSSINGS

Suite, Apt. #, etc.

SARASOTA CROSSINGS

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. FEI Number

65-0524013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALLEN J. LEXIN

Street Address (P.O. Box Number is Not Acceptable)

3440 CONWAY BLVD STE. 1-A

City

PORT CHARLOTTE FL

Zip Code

33952

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRES.**
NAME **SHAWN L. ROSENBERG**
STREET ADDRESS **4120 CARRIAGE CIR**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **V. PRES.**
NAME **HARRY ROSENBERG**
STREET ADDRESS **4120 CARRIAGE CIR**
CITY-ST-ZIP **SARASOTA FL 34242**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shawn L. Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

941-343-9727

Daytime Phone #