2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000068212

1. Entity Name
ASTERN INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
230 S POWERLINE RD 3 DEERFIELD BEACH, FL 33442	230 S POWERLINE RD 3 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0528244	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASTERN, LEE
5861 NW 124TH WAY
CORAL SPRINGS, FL 33076

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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 *Lee Astern President*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when re-instating)

DATE *1-7-04*

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	ASTERN, LEE
STREET ADDRESS	5861 NW 124TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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01/13/04-80050-021 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lee Astern President*   *1-7-04*   954-698-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #