2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000024897

1. Entity Name

ASK ENTERPRISES OF FT. LAUDERDALE, INC.



Principal Place of Business

5055 N.W. 10TH TERRACE

#105

FT. LAUDERDALE, FL 33309

Mailing Address

5055 N.W. 10TH TERRACE

#105

DO NOT WRITE IN THIS SPACE

FT. LAUDERDALE, FL 33309



02-16-2006 90046 014 ***150.00



01182006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0578401 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONATO, ALBERT 5055 N.W. 10TH TERRACE SUITE 105

FT. LAUDERDALE, FL 33309

DC	NOT	WRITE
IN	THIS	SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida.	am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution			ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				· Comment	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC DONATO, ALBERT	Britsville Shores Lane getaun TN 37336	•	N V			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONATO, SEAN M 4466 N.W. 63 DRIVE — 7217 N.W. COCONUT GREEK, FL 33007 Par	64th Terrace Kland FC 33067					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DONATO, KEVIN 6846 N.W. 32 STREET MARGATE, FL 33063		ta uma n	DO	NOT WRIT	ΓΕ	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	4.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06

954-776·5691

Daytime Phone #