


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000042517	
1. Entity Name A.S.M.F. ENTERPRISES, INC.	

Principal Place of Business 5346 N.W. 26TH CIRCLE BOCA RATON, FL 33496	Mailing Address 5346 N.W. 26TH CIRCLE BOCA RATON, FL 33496
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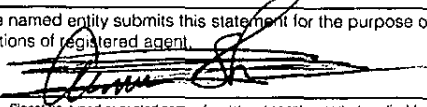
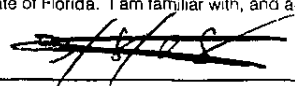
**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0592775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SHERMAN, AIMEE 5346 N.W. 26TH CIRCLE BOCA RATON, FL 33496	<b>DO NOT WRITE IN THIS SPACE</b>
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.	

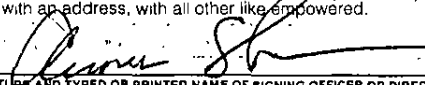
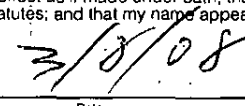
SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE 
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000857759 04/01/08-80017-016-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, AIMEE 5346 N.W. 26TH CIRCLE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRATKIN, MILTON 4701 BAYBERRY LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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