2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED	
DOCUMENT # P95000058445 1. Entity Name ASTRO RELOCATION OF PALM BEACH COUNTY, INC.				Jan 27, 2004 08:00 AM Secretary of State	
ASTROF	RELOCATION OF PALM BEA	ACH COUNTY, INC.			
Principal Place of Business Mailing Ac		Mailing Address		-	·
4 SUTTON DRIVE BOYNTON BEACH FL 33436		4 SUTTON DRIVE BOYNTON BEACH FL 33436			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite. Apt #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 65-0599060	Applied For Not Applicable
Zıp	Country	Zıp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	
KIRSCHEMBAUM, ROBERT			Name		
4 SUTTON DR. BOYNTON BEACH FL 33436			Street Addres	s (P.O. Box Number is Not Acceptable)	
	.,,,,,,,,,		City		Zip Code
The above named entity submits this statement for the purpose of changing its registered office or response to the purpose of changing its registered office or response to the purpose of changing its registered of the purpose of				FI	- '
the obliga	tions of registered agent.	or the purpose of changing its i	egistered onice of regis	nered agent, or both, in the State of Florida. ; arr	Hamiliar with, and accept
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable (NOTE.	Registered Agent signature requ	ired when rounstating) DATE	
ř.	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00		······································	Slection Campaign Financing Trust Fund Contribution.	\$5.00 May Be
	k Payable to Florida Department of				
10. TITLE	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	KIRSCHENBAUM, ROBERT		NAME	Opposes	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	4 SUTTON DR BOYNTON BCH FL		STREET ADDRESS CITY-ST-ZIP	U00000015189 01/28/04-80004- <u>02</u> 0	150.00
TITLE NAME	SD KIRSCHENBAUM, HARRIET	☐ Defete	TITLE	The second secon	Change Addition
	4 SUTTON DR		STREET ADDRESS		
TITLE	BOYNTON BCH FL	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME		<u> </u>	NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
ΠΤLE NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby indicated	certify that the information supplied with on this report or upplemental report :	n this filing does not qualify for t s true and accurate and that my	he exemption stated in a signature shall have the	Section 119.07(3)(i), Florida Statutes. I further ce e same legal effect as if made under oath, that I	rtify that the information am an officer or director
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 upplemental report is true and recursive 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 attact men with an entire empowered.					

THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANS CHEMBAUM TAN 2/2004 Dayone Phane A