

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P95000090248	
1. Entity Name ASPHALT RESEARCH TECHNOLOGY, INC.	
Principal Place of Business 1786 NW 82 AVENUE MIAMI, FL 33126 US	Mailing Address 1786 NW 82 AVENUE MIAMI, FL 33126 US



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0637353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WASSERSTROM, KEITH WASSERSTROM GIULIANI, P.A. 1909 TYLER STREET-PENTHOUSE HOLLYWOOD, FL 33020	DO NOT WRITE IN THIS SPACE
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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAGREN, DAG 90 EDGEWATER 818 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEAGREN, LARS 90 EDGEWATER, 818 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, CHARLES E 3890 STEVE REYNOLDS BLVD NORCROSS, GA 30093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80116-002 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/07 305 663 3090