


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90093 034 \*\*\*150.00

<b>DOCUMENT # P97000015727</b>	
1. Entity Name <b>ASIA BUSINESS RESOURCES, INC.</b>	

Principal Place of Business <b>9641 VILLAGE VIEW BLVD #202 BONITA SPRINGS FL 34135</b>	Mailing Address <b>9641 VILLAGE VIEW BLVD #202 BONITA SPRINGS FL 34135</b>
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**24027267**



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>2176 Rusty Fig Ct.</b>	3. Mailing Address <b>2176 Rusty Fig Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Naples FL</b>	City & State <b>Naples FL</b>	4. FEI Number <b>65-0735258</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34120</b>	Country <b>USA</b>	Zip <b>34120</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SCHULZE, EDWIN F 9641 VILLAGE VIEW BLVD #202 BONITA SPRINGS FL 34135</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2176 Rusty Fig Ct.</b> City <b>Naples FL</b> Zip Code <b>34120</b>	
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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. <b>EDWIN F. SCHULZE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <b>3-15-04</b>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHULZE, EDWIN F 9641 VILLAGE VIEW BLVD #202 BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MARRETTA, KEVIN A 2283 GROVE DR NAPLES FL 34120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>EDWIN F. SCHULZE</b>	DATE: <b>3-15-04</b>	DAYTIME PHONE #: <b>495-2433</b>
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