

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90124 042 \*\*\*150.00

<b>DOCUMENT # P97000063848</b>	
1. Entity Name STEPHEN ASHER & ASSOCIATES, INC.	

Principal Place of Business 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408	Mailing Address 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
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**50034159**

2. Principal Place of Business <b>3361 N.W. 85TH AVE</b>	3. Mailing Address
Suite, Apt. #, etc. <b>APT 307</b>	Suite, Apt. #, etc.
City & State <b>CORAL SPRINGS, FL.</b>	City & State
Zip <b>33065</b>	Country



01042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  ZALOOM, BASIL J. 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHER, STEPHEN 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3361 N.W. 85TH AVE</b> <b>CORAL SPRINGS, FL. 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZALOOM, BASIL J. 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 or other like empowered.

SIGNATURE: BASIL J. ZALOOM **BASIL J. ZALOOM** 4/4/05 **561-689-6000**

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