


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000064413 1. Entity Name ASARCH FAMILY ENTERPRISES, INC.		
Principal Place of Business 1900 NW CORPORATE BLVD SUITE 400 EAST BOCA RATON, FL 33431 US	Mailing Address 1900 NW CORPORATE BLVD SUITE 400 EAST BOCA RATON, FL 33431 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ASARCH, STEVEN J 1900 NW CORPORATE BLVD SUITE 400 EAST BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000495253 04/21/06-80003-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ASARCH, STEVEN J 9800 GRAND VERDE WAY., APT. 402 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASARCH, GAIL M 7140 LIONS HEAD LANE BOCA RATON, FL 33498	
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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 another name empowered.		
SIGNATURE: <u>Steven J. Asarch</u> 04-04-2006 361-995-9991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

**DO NOT WRITE
IN THIS SPACE**