


FILED
Mar 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000084728 1. Entity Name ASC AMERICAN-SUN COMPONENTS, INC.	
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Principal Place of Business 7880 NORTH UNIVERSITY DRIVE 100 TAMARAC, FL 33321	Mailing Address 7880 NORTH UNIVERSITY DRIVE 100 TAMARAC, FL 33321
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02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0784514	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAETE, MARIO E 7880 UNIVERSITY DRIVE 100 TAMARAC, FL 33321
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	GAETE, MARIO E
STREET ADDRESS	7880 UNIVERSITY DR #100
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VPD
NAME	GAETE, MARIO E
STREET ADDRESS	7880 UNIVERSTY DR #100
CITY-ST-ZIP	TAMARAC, FL 33321
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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 03/03/04-80030-021 150.00

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 without the empowered.

SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 3-1-04 Daytime Phone #: 954-718-2950
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