

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90279 042 ***150.00

DOCUMENT # P97000095776	
1. Entity Name ASZCO, INC.	

Principal Place of Business 22905 SR 7 BOCA RATON, FL 23342 US	Mailing Address 22905 SR 7 BOCA RATON, FL 33428 US
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DO NOT WRITE IN THIS SPACE

02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0797151	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZIMMELMAN, A 22749 STATE RD 7 BAYS B/ BOCA RATON, FL 33428
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**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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-electing) DATE _____

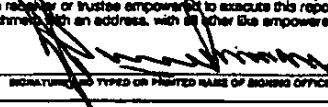
**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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	D ZIMMELMAN, SIDNEY A 23440 SERENE MEADOW DRIVE SOUTH BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMELMAN, HILARY 23440 SERENE MEADOW DRIVE SOUTH BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 or without the empowered.

SIGNATURE:  _____
(Signature, typed or printed name of signing officer or director)

3-16-06

Date Daytime Phone #