FILED
Apr 10, 2006 8:00 am
Secretary of State
03-27-2006 90279 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000095776

1. Entity Name
ASZCO, INC.

Principal Place of Business	Mailing Address
22905 SR 7 BOCA RATON, FL 23342 US	22905 SR 7 BOCA RATON, FL 33428 US

DO NOT WRITE IN THIS SPACE

02152006 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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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $160.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

SIGNATURE: _____ 3-16-06
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #