2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# P98000013704

Entity Name: A.S.A. MANAGEMENT & SERVICES, INC.

Current Principal Place of Business:

5359 SW 32ND TRAIL
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

5334 SW 32ND TERRACE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

5359 SW 32ND TRAIL
FORT LAUDERDALE, FL 33308

New Mailing Address:

5334SW 32ND TERRACE
FORT LAUDERDALE, FL 33312

FEI Number: 65-0782057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MREJEN, ARIE P.A.
701 W. CYPRESS CREEK ROAD
SUITE 302
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARWAS, ALAIN
Address: 5359 SW 32 TR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SM ( ) Delete
Name: ARWAS, SIMONE
Address: 210 174 ST 1402
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ARWAS, ALAIN
Address: 5334 SW 32ND TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SM (X) Change ( ) Addition
Name: ARWAS, SIMONE
Address: 210 174 ST 1402
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN ARWAS PRES 05/10/2005

Electronic Signature of Signing Officer or Director — Date