2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Jan 23, 2006 08:00 AN **DOCUMENT # P98000039378** Secretary of State 1. Entity Name MR. A'S, INC. Mailing Address Principal Place of Business 719 NATHAN HALE ROAD 719 NATHAN HALE ROAD WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0828619 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADLER, RICHARD F DO NOT WRITE 719 NATHAN HALE ROAD WEST PALM BEACH, FL 33405 IN THIS SPACE 3. 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

SIGNATURE.					
	Signature, typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstaling)	DATE	

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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

the obligations of registered agent.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000394710 01/26/06-80022-002 150.00

Applied For

Not Applicable

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, RICHARD F 719 NATHAN HALE ROAD WEST PALM BEACH, FL 334054245
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12. Thereby o	pertify that the information supplied with this filling does not qualify for the ex-

DO NOT WRITE IN THIS SPACE

I nereby certity that the information supplied with this filling 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.

SI	GN	AT	UF	₹E:

AME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Daytime Phone #