


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90055 001 \*\*\*150.00  
01-08-2004 90055 002 \*\*\*\*\*8.75

<b>DOCUMENT # P98000043277</b>	
1. Entity Name ADVANCED SURFACE RESTORATION, INC.	

Principal Place of Business 14034 NW 16TH DR PEMBROKE PINES, FL 33028	Mailing Address 14034 NW 16TH DR PEMBROKE PINES, FL 33028
---	---

2. Principal Place of Business 42202 Fisher Island Dr Suite, Apt. #, etc.	3. Mailing Address 42202 Fisher Island Dr Suite, Apt. #, etc.
---	---

City & State Fisher Island FL	City & State Fisher Island, FL
----------------------------------	-----------------------------------

Zip 33109-1288	Country U.S.A.	Zip 33109-1288	Country U.S.A.
-------------------	-------------------	-------------------	-------------------



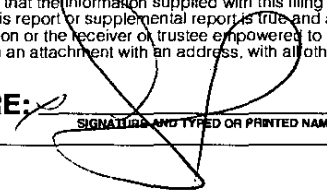
01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent POPKIN & SHURPIN, P.A. 2499 GLADES RD., SUITE 114 BOCA RATON, FL 33431	
---	--

7. Name and Address of New Registered Agent Name: Christine Bastone - Gill Street Address (P.O. Box Number is Not Acceptable): 515 East Las Olas Boulevard Suite 1150 City: Ft. Lauderdale FL Zip Code: 33301	
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: Christine Bastone - Gill 1/7/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANGO, NEREYDA C 14034 NW 16TH DR PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEDRIK, DENAIN E 611 OCEAN DRIVE APT 4E KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Denain, Cedrik E. 42202 Fisher Island Drive Fisher Island, FL 33109-1288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIEPPN, JOESPH 14034 NW 16TH DR PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dieppa, Joseph 42202 Fisher Island Drive Fisher Island, FL 33109-1288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.	
SIGNATURE: 	1-6-04 (954) 478-6997 Date Daytime Phone #