

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000043277**

1. Entity Name  
**A S R INTERIOR, INC.**



Principal Place of Business  
**42202 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109-1288**

Mailing Address  
**42202 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109-1288**



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0837569**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DIEPPA, JOSEPH  
42202 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109**

**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-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	DENAIN, CEDRIK E
STREET ADDRESS	42202 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 331091288
TITLE	P
NAME	DIEPPA, JOSEPH
STREET ADDRESS	42202 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 331091288
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000444536  
02/07/06-80006-019 158.75

**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 my address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/06