2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030639

Entity Name: ASB SERVICES, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
100 ALMERIA AVENUE STE. 230 CORAL GABLES, FL 33			
Current Mailing Address:		New Mailing Address:	
100 ALMERIA AVENUE STE. 230 CORAL GABLES, FL 33			
FEI Number: 65-0908720	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	

BUDMAN, BARTON R
100 ALMERIA AVENUE
STE. 230
CORAL GABLES, FL 33134 US
BUDMAN, BARTON R
3210 N 37TH ST
HOLLYWOOD, FL 33021 US

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.

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: V (X) Change () Addition Name: BUDMAN, BARTON R Name: WEISS, MARK

 Address:
 100 ALMERIA AVENUE, STE. 210
 Address:
 3210 N 37TH ST

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: VS () Delete Title: PS (X) Change () Addition Name: BUDMAN, SHARON A BUDMAN, SHARON A

Address: 100 ALMERIA AVENUE, STE. 210 Address: 3210 N 37TH ST.
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 BUDMAN, BARTON R

 Address:
 Address:
 3210 N 37TH ST

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARTON R BUDMAN T 04/27/2006