

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000051264

1. Entity Name
ASBURY WORLDWIDE, INC.



Principal Place of Business
**15721 SW 41ST STREET
800
FORT LAUDERDALE, FL 33331**

Mailing Address
**15721 SW 41ST STREET
800
FORT LAUDERDALE, FL 33331**



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0927229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASBURY, OSCAR N
15712 SW 41ST ST
STE 800
FORT LAUDERDALE, FL 33331**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U000000075646
03/03/04-80068-008 158.75**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ASBURY, OSCAR NEAL
STREET ADDRESS	13320 S.W. 128TH STREET
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____