


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90092 034 ***150.00

DOCUMENT # S20639 1. Entity Name AMERICAN AUTOMATED STITCHING SERVICES, INC.					
Principal Place of Business 3051 INDUSTRIAL 25TH STREET FT. PIERCE, FL 34946 US			Mailing Address 3051 INDUSTRIAL 25TH STREET FT. PIERCE, FL 34946 US		
2. Principal Place of Business 1545 SE Niemeyer Circle Suite, Apt. #, etc.			3. Mailing Address 1545 SE Niemeyer Circle Suite, Apt. #, etc.		
City & State Port St. Lucie, FL Zip 34952 Country US		City & State Port St. Lucie, FL Zip 34952 Country US		4. FEI Number 65-0246167	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NAVARETTA, STEPHAN ATTY AT LAW 1100 SW ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL 34986				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	DST BOSER, ROSANNA 777 SW PELICAN COVE PORT ST LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOSER, RONALD 777 SW PELICAN COVE PORT ST LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Ronald Boser</i> 4-27-05 772-335-5350 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		