

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33468

FILED
Mar 25, 2009
Secretary of State

Entity Name: ASB OF MIAMI, INC.

Current Principal Place of Business:

1085 S.W. 15 AVENUE
SUITE 7-10
DELRAY BEACH, FL 334441264 US

New Principal Place of Business:

Current Mailing Address:

1085 S.W. 15 AVENUE
SUITE 7-10
DELRAY BEACH, FL 334441264 US

New Mailing Address:

FEI Number: 65-0339630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERMAN, RUSSELL
60 EDGEWATER DRIVE
3D
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SILVERMAN, RUSSELL
Address: 60 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: SEC () Delete
Name: SILVERMAN, DEBORAH
Address: 60 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: WALDORF, LARRY
Address: 1085 S.W. 15 AVENUE
City-St-Zip: DELRAY BEACH, FL 334441264 US

Title: D () Delete
Name: WALDORF, RICHARD
Address: 1085 S.W. 15 AVENUE
City-St-Zip: DELRAY BEACH, FL 334441264 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LARRY WALDORF

D

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date