

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060786

Entity Name: ASP REALTY CORP**Current Principal Place of Business:**40-35 22ND ST.
LONG ISLAND CITY, NY 11101**Current Mailing Address:**40-35 22ND ST.
LONG ISLAND CITY, NY 11101 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARCADIER, MAURICE
2815 WEST NEW HAVEN AVE.
SUITE 304
MELBOURNE, FL 32904 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	EDWARDS, NICK
Address	49 LINKFIELD ST.
City-State-Zip:	REDHILL SURREY UK RH1 6-BS

Title	D
Name	DAVIS, DEREK
Address	40 VICARAGE ROAD
City-State-Zip:	STAINES, MIDDLESEX ENGLAND UK TW18-4YU

Title	D
Name	DAVIS, BEN
Address	22 WHEATSHEAF LANE
City-State-Zip:	STAINES, MIDDLESEX ENGLAND UK TW18-2PE

Title	D
Name	WESTON, MARTIN
Address	22 GLAMFORD AVE.
City-State-Zip:	PORT WASHINGTON NY 11050

Title	D
Name	AHLIN, ENGPHEEN
Address	72-10 112TH ST. APT 1G
City-State-Zip:	FOREST HILLS NY 11375

I hereby 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 all other like empowered.

SIGNATURE: NICK EDWARDS

D

03/16/2017

Electronic Signature of Signing Officer/Director Detail_____
Date