


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90046 029 ***138.75

DOCUMENT # L06000021625

1. Entity Name
A.S. COMMUNICATIONS L.L.C.



Principal Place of Business 366 EAST 4TH AVENUE HIALEAH, FL 33010	Mailing Address 1201 W 32 ST HIALEAH, FL 33012
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00000146



2. Principal Place of Business - No P.O. Box # 766 East 10 street	3. Mailing Address 1201 W. 32 st.
Suite, Apt. #, etc. Riversay Plaza	Suite, Apt. #, etc. —

01032008 Chg-LLC CR2E083 (12/06)

City & State Hialeah FL 33010	City & State Hialeah FL 33012
Zip	Country

4. FEI Number 57-1233362	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ALEXANDER
366 EAST 4TH AVENUE
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

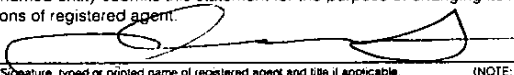
Name **Sanchez, Alexander**

Street Address (P.O. Box Number is Not Acceptable)
766 East 10 street

Riversay Plaza

City **Hialeah** **FL** Zip Code **33010**

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  DATE **1-4-08**

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


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME SANCHEZ, ALEXANDER	
STREET ADDRESS 366 EAST 4TH AVENUE	
CITY-ST-ZIP HIALEAH, FL 33010	
TITLE MGR	<input type="checkbox"/> Delete
NAME SANCHEZ, OSLAYDA	
STREET ADDRESS 366 EAST 4TH AVENUE	
CITY-ST-ZIP HIALEAH, FL 33010	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sanchez, Alexander	
STREET ADDRESS 766 East 10 street	
CITY-ST-ZIP Hialeah, FL 33010	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sanchez, Oslayda	
STREET ADDRESS 766 East 10 street	
CITY-ST-ZIP Hialeah, FL 33010	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **1-4-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #