


2006 FOR PROFIT CORPORATION REINSTATEMENT


APPROVED
AND
FILED

06 MAY -8 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000165664 1. Entity Name GRUPO ASI, INC.	
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Principal Place of Business 1604 NW 97 AVE PTY 1581 DORAL, FL 33172	Mailing Address 1604 NW 97 AVE PTY 1581 DORAL, FL 33172
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address  Mr. Pedro Delgado CPA PO Box 165827 Miami, FL 33116-5827
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4. FEI Number 04252006 REIN-P CR2E098 (11/05)	<input type="checkbox"/> Applied For <input checked="" 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 DELGADO, PEDRO P 1320 S DIXIE HWY SUITE 901 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 901 City FL Zip Code
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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:  **Pedro DELGADO** **4/28/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGARA, GULIAN	NAME	
STREET ADDRESS	1604 NW 97 AVE PTY 1581	STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARANGO, SANDRA R	NAME	
STREET ADDRESS	1604 NW 97 AVE PTY 1581	STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENES, ROBERTO	NAME	
STREET ADDRESS	1604 NW 97 AVE PTY 1581	STREET ADDRESS	300075039383
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	05/22/06--01074--008 **300.00
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, PEDRO P	NAME	
STREET ADDRESS	1604 NW 97 AVE PTY 1581	STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 titles empowered.

SIGNATURE:  **Pedro DELGADO** **4/28/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

325 66125
5/12/06