
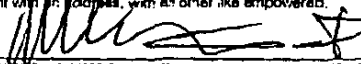



FILED
May 15, 2007 8:00 am
Secretary of State

4/25/2

04-25-2007 90225 001 ***600.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000165664					
1. Entity Name GRUPO ASI, INC.					
Principal Place of Business 1604 NW 97 AVE PTY 1581 DORAL, FL 33172			Mailing Address C/O MR. PEDRO DELGADO PO BOX 165827 MIAMI, FL 33116-5827		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FCI Number 20-198 9097 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	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 OXIE 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)		
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 (a) state file)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGARA, GULIAN		NAME		
STREET ADDRESS	1804 NW 97 AVE PTY 1581		STREET ADDRESS		
CITY-STATE-ZIP	DORAL, FL 33172		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARANGO, SANDRA R		NAME		
STREET ADDRESS	1804 NW 97 AVE PTY 1581		STREET ADDRESS		
CITY-STATE-ZIP	DORAL, FL 33172		CITY-STATE-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENES, ROBERTO		NAME		
STREET ADDRESS	1804 NW 97 AVE PTY 1581		STREET ADDRESS		
CITY-STATE-ZIP	DORAL, FL 33172		CITY-STATE-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, PEDRO P		NAME	JULIO ARANGO E.	
STREET ADDRESS	1804 NW 97 AVE PTY 1581		STREET ADDRESS	1604 NW 97 AVENUE	
CITY-STATE-ZIP	DORAL, FL 33172		CITY-STATE-ZIP	DORAL, FL 33172	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ERNESTO ROSAS S.	
STREET ADDRESS			STREET ADDRESS	1604 NW 97 AVENUE	
CITY-STATE-ZIP			CITY-STATE-ZIP	DORAL, FL 33172	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 like empowered.					
SIGNATURE: 			Date: 4/23/07 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		