

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165664

FILED
Apr 21, 2009
Secretary of State

Entity Name: GRUPO ASI, INC.

Current Principal Place of Business:

1604 NW 97 AVE PTY 1581
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

C/O MR. PEDRO DELGADO
PO BOX 165827
MIAMI, FL 331165827

New Mailing Address:

FEI Number: 20-1989097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, PEDRO P
1320 S DIXIE HWY
SUITE 901
CORAL GABLES, FL 33146 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: P () Delete
Name: ARANGO, JULIO E
Address: 1604 NW 97 AVE
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: DE ARANGO, SANDRA R
Address: 1604 NW 97 AVE PTY 1581
City-St-Zip: DORAL, FL 33172

Title: S () Delete
Name: ROSAS, ERNESTO S
Address: 1604 NW 97 AVE
City-St-Zip: DORAL, FL 33172

Title: T () Delete
Name: DELGADO, PEDRO P
Address: 1604 NW 97 AVE PTY 1581
City-St-Zip: DORAL, FL 33172

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: T (X) Change () Addition
Name: DELGADO, PEDRO P
Address: P O BOX 165827
City-St-Zip: MIAMI, FL 33116

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: JULIO ARANGO

P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date