

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90099 019 ***150.00



DOCUMENT # V63321		1. Entity Name ASECOMER INTERNATIONAL CORPORATION	
Principal Place of Business 9500 NW 108TH AVENUE MIAMI, FL 33178 US		Mailing Address 9500 NW 108TH AVENUE MIAMI, FL 33178 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GARY D MALFELD, ATTORNEY AT LAW 8420 NW 52ND STREET STE 107 MIAMI, FL 33166		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 reinstating) DATE _____			



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0357213 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRESPO, JOHN O. 10770 NW 66 STREET APTO 208 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10700 NW 66 STREET, APT 407 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CRESPO, GRACIALA 10770 NW 66 STREET APTO.208 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10700 NW 66 STREET, APT 407 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 express, with all other lines empowered.

SIGNATURE: _____ Date: Jan 7/08 Duration: Phone #: 305-5992115