


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90076 008 ***150.00

| | |
|---|---|
| DOCUMENT # P01000005715 |  |
| 1. Entity Name ASES PROPERTIES INC. | |

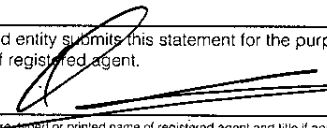
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|--|--|
| Principal Place of Business 7360 CORAL WAY #21 MIAMI, FL 33155 | Mailing Address 7360 CORAL WAY #21 MIAMI, FL 33155 |
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|---|--|
| 2. Principal Place of Business 7360 SW 24 ST. | 3. Mailing Address 7360 SW 24 ST |
| Suite, Apt. #, etc. # 34 | Suite, Apt. #, etc. # 34 |
| City & State MIAMI FL | City & State MIAMI FL 33155 |
| Zip 33155 | Country |

| | |
|---|-------------------------------|
|  | |
| 03112004 | Chg-P CR2E034 (10/03) |
| 4. FEI Number 65-1069048 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent COUSTANTINO, ARGIMON 7360 CORAL WAY #21 MIAMI, FL 33155 | 7. Name and Address of New Registered Agent Name CONSTANTINO ARGIMON Street Address (P.O. Box Number is Not Acceptable) 7360 SW 24 ST # 34 City MIAMI FL Zip Code 33155 |
|---|---|

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.

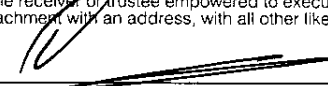
SIGNATURE  **CONSTANTINO ARGIMON** DATE **MARCH 3-04**

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

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP | PS CONSTANTINO, ARGIMON 7360 SW 24 ST #34 MIAMI, FL 33155 <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 | T ARGIMO, ANGELA 7360 SW 24 ST 34 MIAMI, FL 33155 <input checked="" 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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **CONSTANTINO ARGIMON P.** 3/11/04 305.448.4510

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