



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000067524			
1. Entity Name ASTRI CORP.			
Principal Place of Business 4701 W COMMANCHE TAMPA, FL 33614		Mailing Address 4701 W COMMANCHE TAMPA, FL 33614	
DO NOT WRITE IN THIS SPACE			
		01132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3267070	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MARTINO, THOMAS S 2112 N 15TH ST SUITE 200 TAMPA, FL 33605		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
		000000143398 04/30/04-80091-003 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	ALESSI, FRED		
STREET ADDRESS	4701 W COMMANCHE		
CITY-ST-ZIP	TAMPA, FL 33614		
TITLE	S		
NAME	ALESSI, ASTRID		
STREET ADDRESS	4701 W COMMANCHE		
CITY-ST-ZIP	TAMPA, FL 33614		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: _____		Apr 25. 04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	