


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000075308</b> 1. Entity Name AS/NET.LA, CORP.	
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Principal Place of Business 11402 NW 41ST ST STE # 211 DORAL, FL 33178	Mailing Address 11402 NW 41ST ST STE # 211 DORAL, FL 33178
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**DO NOT WRITE IN THIS SPACE**

FILED  
07 MAY 23 AM 9:16  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3650123	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  RODRIGUEZ, FERNANDO 8100 GENEVA CT BLDG. C #240 MIAMI, FL 33166
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JOSE F 11402 NW 41ST ST, STE 211 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRAZA, FERNANDO 780 NW 42ND AVE. STE 420 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, GERMAN 780 NW 42ND AVE. STE 420 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, JOSE G 780 NW 42ND AVE. STE 420 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FERNANDO H 780 NW 42ND AVE. STE 420 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLEDO, GUSTAVO 8100 GENEVA CT BLDG # 240 MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

*\$7611*

500103906295  
06/05/07--01015--010 \*\*\$900.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/30/07*

Date

Daytime Phone #