2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006847

Entity Name: FASI INVESTMENTS CORP.

FILED Aug 18, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

16000 NW 59TH AVE 16800 BERKSHIRE COURT

SUITE #104 SOUTHWEST RANCHES, FL 33331 US MIAMI LAKES, FL 33014 US

Current Mailing Address: New Mailing Address:

16000 NW 59TH AVE 16800 BERKSHIRE COURT

SUITE #104 SOUTHWEST RANCHES, FL 33331 US MIAMI LAKES, FL 33014 US

FEI Number: 65-0630409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 336075736 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MOLINA, ALBERT
 Name:
 SLATON, MICHAEL W

 Address:
 16000 NW 59TH AVE, #104
 Address:
 16800 BERKSHIRE COURT

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: VD () Delete Title: VD (X) Change () Addition

Name: SLATON, MICHAEL Name: SLATON, DEBRA

Address: 16000 NW 59TH AVE #104 Address: 16800 BERKSHIRE COURT

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

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: MICHAEL W. SLATON PD 08/18/2009