2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000004975

W.J. ASHER & COMPANY, INCORPORATED



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

12520 HIGH BLUFF DR., SUITE 143 SAN DIEGO, CA 92130

Mailing Address

12520 HIGH BLUFF DR., SUITE 143 SAN DIEGO, CA 92130



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 95-3279836 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED 236 E. 6TH AVE. TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

8. The above the obligat	3. 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	Signature, typed or printed name of registered agent and tible (I applicable (NOTE: Recustored	Andret sydneture	required when reinstating)	DATE	
	organicies, types of printed fidule of registered agent and use i	applicable (NOTE: nogistated	Agent signature	required when reastating)	VALE .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ASHER, WALTER J 12520 HIGH BLUFF DR.,SUITE 143 SAN DIEGO, CA 92130				U00000815336	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ASHER, MARIA C 12520 HIGH BLUFF DR.,SUITE 143 SAN DIEGO, CA 92130				02/14/08-80005-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, JOSEPH 3425 VIOLET TRAIL CALABASAS, CA 91302			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. Thereby 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 a paddress, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP