

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004564

Entity Name: ASINCRO INC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY - 4TH FLOOR  
SUNRISE, FL 33323

## New Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY - 4TH FLOOR  
SUITE 400  
SUNRISE, FL 33323

## Current Mailing Address:

1560 SAWGRASS CORPORATE PKWY - 4TH FLOOR  
SUNRISE, FL 33323

## New Mailing Address:

1560 SAWGRASS CORPORATE PKWY - 4TH FLOOR  
SUITE 400  
SUNRISE, FL 33323

FEI Number: 26-3651997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASTILLO, SUSANA  
2551 JARDIN MANOR  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: CARTILLO, SUSANA  
Address: 1560 SAWGRASS CORPORATE PKWY 4TH FL  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSANA CASTILLO

CP

04/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date