



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L25731 1. Entity Name ASPIRO CORPORATION	
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Principal Place of Business 6406 N CAMERON AVE TAMPA, FL 33614	Mailing Address 6406 N CAMERON AVE TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE

	
04072004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-3022291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASPIRO, JOSE R 6406 N CAMERON AVE TAMPA, FL 33614

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.

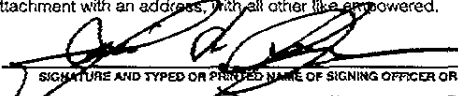
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and date if applicable

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	000000121236 04/20/04-80042-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ASPIRO, JOSE R 6406 N CAMERON AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ASPIRO, BERTHA M 6406 N CAMERON AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONDON, MARIA E 19331 GARDEN QUILT CIR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	04-08-04 <small>Date</small>	813-887-1846 <small>Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		