## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # L99723** 1. Entity Name ASSET REAL ESTATE, INC. Principal Place of Business Mailing Address 4004 EDGEWATER DR 4004 EDGEWATER DR ORLANDO, FL 32804 ORLANDO, FL 32804 01262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3026491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent WILLIAMS-RIVERA, MARY, L DO NOT WRITE 4004 EDGEWATER DRIVE ORLANDO, FL 32804 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U000000860598 <del>34/02/08-80068**-**020</del> OFFICERS AND DIRECTORS 10. **DPTS** TITLE RIVERA-WILLIAMS, MARY, L NAME 1413 KURUME COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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** 

STREET ADDRESS CITY+ST-ZIP

MULLA WILLIAMS TOWER OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

14/2008 399-9009