

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90449 016 ***158.75

DOCUMENT # M49951

1. Entity Name
ASROX, INC.



Principal Place of Business
C/O ANTOLIN DEL COLLADO
8798 S.W. 8 ST., SUITE 1
MIAMI, FL 33174

Mailing Address
C/O ANTOLIN DEL COLLADO
8798 S.W. 8 ST., SUITE 1
MIAMI, FL 33174

50015111



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2793902

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEL COLLADO, ANTOLIN
8798 S.W. 8 ST.
SUITE 1
MIAMI, FL 33174

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME DEL COLLADO, ANTOLIN
STREET ADDRESS 8798 S.W. 8 ST. #1
CITY-ST-ZIP MIAMI, FL

TITLE PD
NAME FUENMAYOR, ASDRUBAL
STREET ADDRESS 8798 S.W. 8 ST. #1
CITY-ST-ZIP MIAMI, FL.

TITLE TD
NAME FUENMAYOR, ASDRUBAL A.
STREET ADDRESS 8798 S.W. 8 ST. #1
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME FERNANDEZ, DORITA C
STREET ADDRESS 1300 SW 97TH AVE
CITY-ST-ZIP MIAMI, FL

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 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:

Antolin del Collado
Signature and typed or printed name of signing officer or director

vice-Pres
Title

Date

Daytime Phone #

APR 21 2006 305-553-8904