


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

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
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03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2793902	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEL COLLADO, ANTOLIN 8798 S.W. 8 ST. SUITE 1 MIAMI, FL 33174
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**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000863048 04/03/08-80076-014 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL COLLADO, ANTOLIN 8798 S.W. 8 ST. #1 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUENMAYOR, ASDRUBAL 8798 S.W. 8 ST. #1 MIAMI, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUENMAYOR, ASDRUBAL A. 8798 S.W. 8 ST. #1 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, DORITA C 1300 SW 97TH AVE 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: 	MAR 14 2008	305-553-8904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #