2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M49951

Entity Name: ASROX, INC.

FILED Apr 29, 2009 Secretary of State

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2793902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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 ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DEL COLLADO, ANTOLIN DEL COLLADO, ANTOLIN Name: Name: 8798 S.W. 8 ST. #1 8798 S.W. 8 ST. #1 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33174

Title: PD () Delete Title: PD (X) Change () Addition Name: FUENMAYOR, ASDRUBAL Name: FUENMAYOR, ASDRUBAL

 Name:
 FUENMAYOR, ASDRUBAL
 Name:
 FUENMAYOR, ASDRUBAL

 Address:
 8798 S.W. 8 ST. #1
 Address:
 8798 S.W. 8 ST. #1

 City-St-Zip:
 MIAMI. FL.,
 City-St-Zip:
 MIAMI., FL 33174

Title: TD () Delete Title: TD (X) Change () Addition Name: FUENMAYOR, ASDRUBAL A. Name: FUENMAYOR, ASDRUBAL A. Address: 8798 S.W. 8 ST. #1

 Address:
 8798 S.W. 8 ST. #1
 Address:
 8798 S.W. 8 ST. #

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL 33174

Title: S () Delete Title: S (X) Change () Addition

 Name:
 FERNANDEZ, DORITA C
 Name:
 FERNANDEZ, DORITA C

 Address:
 1300 SW 97TH AVE
 Address:
 1300 SW 97TH AVE

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL 33174

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: ANTOLIN DEL COLLADO VP 04/29/2009