


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M77552</b> 1. Entity Name ASFUEN CORP.	
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Principal Place of Business C/O ANTOLIN DEL COLLADO 8798 SW 8 ST., STE. 1 MIAMI, FL 33174-3201	Mailing Address C/O ANTOLIN DEL COLLADO 8798 SW 8 ST., STE. 1 MIAMI, FL 33174-3201
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<b>DO NOT WRITE IN THIS SPACE</b>
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03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0049070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DEL COLLADO, ANTOLIN 8798 SW 8 ST. MIAMI, FL
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DEL COLLADO, ANTOLIN 8798 SW 8 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FUENMAYOR, ASDRUBAL 8798 SW 8 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FUENMAYOR, ASDRUBAL A. 8798 SW 8 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERNANDEZ, DORITA C. 1300 S.W. 97TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000855352 03/27/08-80040-025 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>MAR 14 2008</b> <small>Date</small>	<b>305-553-8904</b> <small>Daytime Phone #</small>
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