## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011968

693 NW 125 CT

MIAMI, FL 33128

Address:

City-St-Zip:

FILED Aug 14, 2006 Secretary of State

Entity Nam	ne: ASITISIN HEA	AVEN INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
693 NW 125 CT MIAMI, FL 33182				1061 SW 85 AVE PEMBROKE PINES, FL 33025		
Current Mailing Address:			New Mailir	New Mailing Address:		
693 NW 129 MIAMI, FL			1061 SW 8 PEMBROK	5 AVE E PINES, FL	33025	
	e with s. 607.193(2)(b),	Number Applied For() F.S., the corporation did not	FEI Number Not Appli t receive the prior notice		Certificate of Status Desired (X)	
Name and	Address of Curren	t Registered Agent:	Name and	Address of I	New Registered Agent:	
1061 SW 85	O, ANDREA 5 AVE E PINES, FL 33025	US				
The above in the State	named entity submi of Florida.	ts this statement for the p	urpose of changing it	s registered o	office or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent			nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( ) Delete MOLANO, ALEJANDRO 1061 SW 85 AVE PEMBROKE PINES, F	)	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete REYES, JAIME ANDRE 693 NW 125 CT MIAMI, FL 33182		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete GUERRERO, ANDREA 1061 SW 85 AVE PEMBROKE PINES, F		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	S ( ) Delete REYES, PAULA		Title: Name:	S (X MEJIA, LUZ	K) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

5781 NW 112 AVE, BUILDING 3, APT 107

MIAMI, FL 33178

SIGNATURE: ALEJANDRO MOLANO 08/14/2006 D