

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # P00000000082

1. Entity Name  
ASERVIN, INC.



Principal Place of Business

7225 NW 68TH ST  
UNIT #8  
MIAMI, FL 33166

Mailing Address

7225 NW 68TH ST  
UNIT #8  
MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0978104

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUGO, TRIBIN  
7225 NW 68TH ST  
UNIT 8  
MIAMI, FL 33166

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TRIBIN, HUGO  
STREET ADDRESS 7225 NW 68TH STREET UNIT #8  
CITY-ST-ZIP MIAMI, FL 33166

TITLE D  
NAME TRIBIN, MELBA L  
STREET ADDRESS 7225 NW 68TH ST UNIT #8  
CITY-ST-ZIP MIAMI, FL 33166

TITLE D  
NAME TRIBIN, PABLO  
STREET ADDRESS 7225 NW 68TH ST UNIT #8  
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD  
NAME TRIBIN, IRENE  
STREET ADDRESS 7225 NW 68TH ST UNIT #8  
CITY-ST-ZIP MIAMI, FL 33166

TITLE D  
NAME TRIBIN, PILAR  
STREET ADDRESS 7225 NW 68TH ST UNIT #8  
CITY-ST-ZIP MIAMI, FL 33166

TITLE D  
NAME TRIBIN, CARMEN M  
STREET ADDRESS 7225 NW 68TH ST UNIT #8  
CITY-ST-ZIP MIAMI, FL 33166

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02/18/05-80043-024 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #