


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000019603	
1. Entity Name ASIF ENTERPRISES, INC.	

FILED

07 JUN 15 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 744 S. HIGHLANDS AVENUE AVON PARK, FL 33825	Mailing Address 1000 BELCHER ROAD SOUTH SUITE 2 LARGO, FL 33771
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2. Principal Place of Business - No P.O. Box # 1303 MEMORIAL DR	3. Mailing Address 1303 MEMORIAL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State AVON PARK, FL	City & State AVON PARK, FL
Zip 33825	Country USA

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0982045	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ULLAH, MOHAMMED R 744 S. HIGHLANDS AVENUE AVON PARK, FL 33825	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ULLAH, MOHAMMED R 4234 COLUMBUS BLVD SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104571152 06/19/07--01063--008 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SULTANA, NUSRAT 4807 LEUCADENDRA DR SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ASIF, MOHAMMAD 1007 W PLEASANT STREET, APT#4 AVON PARK, FL 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASIF, MOHAMMAD 1007 W PLEASANT STREET, APT 4 AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mohammad Asif

MOHAMMAD ASIF

06-12-07

863-453-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #