


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00000019603</b> 1. Entity Name <b>ASIF ENTERPRISES, INC.</b>	
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**FILED**  
 07 JUN 15 PM 3: 21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>744 S. HIGHLANDS AVENUE                  AVON PARK, FL 33825</b>	Mailing Address <b>1000 BELCHER ROAD SOUTH                  SUIT 2                  LARGO, FL 33771</b>
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2. Principal Place of Business - No P.O. Box # <b>1303 MEMORIAL DR</b>	3. Mailing Address <b>1303 MEMORIAL DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04162007    Chg-P    CR2E034 (12/06)

City & State <b>AVON PARK, FL</b>	City & State <b>AVON PARK, FL</b>
Zip <b>33825</b> Country <b>USA</b>	Zip <b>33825</b> Country <b>USA</b>

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

6. Name and Address of Current Registered Agent <b>ULLAH, MOHAMMED R                  744 S. HIGHLANDS AVENUE                  AVON PARK, FL 33825</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Amended AR is \$61.25**    9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <input type="checkbox"/> Delete <b>ULLAH, MOHAMMED R</b> <b>4234 COLUMBUS BLVD</b> <b>SEBRING, FL 33872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <input checked="" type="checkbox"/> Delete <b>SULTANA, NUSRAT</b> <b>4807 LEUCADENDRA DR</b> <b>SEBRING, FL 33872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ASIF, MOHAMMAD</b> <b>1007 W PLEASANT STREET, APT 4</b> <b>AVON PARK, FL 33825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200104571152</b> <b>06/19/07--01063--008    **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ASIF, MOHAMMAD</b> <b>1007 W PLEASANT STREET, APT # 4</b> <b>AVON PARK, FL 33825</b>
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"/> Change <input type="checkbox"/> Addition
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 #