


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90014 018 ***150.00

DOCUMENT # P00000027392	
1. Entity Name ASINC, CORP.	

Principal Place of Business 395 ALHAMBRA CIRCLE, SUITE 301 CORAL GABLES, FL 33134	Mailing Address 395 ALHAMBRA CIRCLE, SUITE 301 CORAL GABLES, FL 33134
---	---

94027883

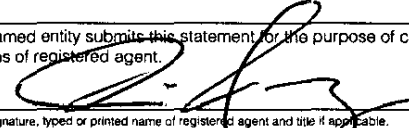
2. Principal Place of Business 299 Alhambra Circle Suite, Apt. #, etc. 403 City & State Coral Gables, Florida Zip 33134 Country USA	3. Mailing Address 299 Alhambra Circle Suite, Apt. #, etc. 403 City & State Coral Gables, Florida Zip 33134 Country USA
--	--

03012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0998978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, JORGE E 395 ALHAMBRA CIRCLE, SUITE 301 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Jorge E. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 299 Alhambra Circle, Suite 403 City Coral Gables FL Zip Code 33134
--	---

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  DATE **3/1/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME CABEZAS, GABRIEL STREET ADDRESS 185 S.E. 14TH TERRACE, UNIT 2406 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PST NAME CABEZAS, GABRIEL STREET ADDRESS 185 SE 14TH TERRACE UNIT 2406 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CABEZAS, MARITZA G STREET ADDRESS 185 SE 14TH TERRACE UNIT 2406 CITY-ST-ZIP MIAMI, FL 33131	<input 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
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
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 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:  DATE **3/01/04** (305) **444-0032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR