


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000027392

1. Entity Name
ASINC, CORP.



Principal Place of Business 299 ALHAMBRA CIRCLE 403 CORAL GABLES, FL 33134	Mailing Address 299 ALHAMBRA CIRCLE 403 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0998978	Applied For 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
299 ALHAMBRA CIRCLE, SUITE 403
CORAL GABLES, FL 33134

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D CABEZAS, GABRIEL 185 S.E. 14TH TERRACE, UNIT 2406 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CABEZAS, GABRIEL 185 SE 14TH TERRACE UNIT 2406 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CABEZAS, MARITZA G 185 SE 14TH TERRACE UNIT 2406 MIAMI, FL 33131
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gabriel Cabezas 2/4/05 (705) 444-0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #