

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

DOCUMENT # P00000027392

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



02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0998978

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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 reinstalling)

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	D
NAME	CABEZAS, GABRIEL
STREET ADDRESS	185 S.E. 14TH TERRACE, UNIT 2406
CITY-STATE-ZIP	MIAMI, FL 33131
TITLE	PST
NAME	CABEZAS, GABRIEL
STREET ADDRESS	185 SE 14TH TERRACE UNIT 2406
CITY-STATE-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	CABEZAS, MARITZA G
STREET ADDRESS	185 SE 14TH TERRACE UNIT 2406
CITY-STATE-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/23/05-80007-008 150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gabriel Cabezas* 2/4/05 (305) 444-0476