

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027392

Entity Name: ASINC, CORP.

FILED
Mar 21, 2009
Secretary of State

Current Principal Place of Business:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

185 S.E. 14TH TERRACE
2406
MIAMI, FL 33131

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

420 S. DIXIE HIGHWAY
4B
CORAL GABLES, FL 33146

FEI Number: 65-0998978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
420 S. DIXIE HIGHWAY
4B
CORAL GABLES, FL 33146 US

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.

SIGNATURE:

03/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CABEZAS, GABRIEL
Address: 185 S.E. 14TH TERRACE, UNIT 2406
City-St-Zip: MIAMI, FL 33131

Title: PST () Delete
Name: CABEZAS, GABRIEL
Address: 185 SE 14TH TERRACE UNIT 2406
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: CABEZAS, MARITZA G
Address: 185 SE 14TH TERRACE UNIT 2406
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL CABEZAS

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03/21/2009

Electronic Signature of Signing Officer or Director

Date