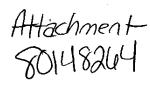
FILED Sep 15, 2003 8:00 am Secretary of State

Pincipel Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. City & State City & City & State City & City & State City & City	DOCUMENT # P0000039130 1. Entity Name ASHER PROFESSIONAL SERVICES, INC.										
Suite, Apt. 6, etc. GRECK HERE IF MAKING CHANGES City & State City & State 4, FEI Number 65-1011648 Application App	2425 CORAL	WAY	2425 CORAL WAY	2425 CORAL WAY							
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ROSENOW, YOMAIRA BIT PEMBROKE PINES, FL 33028 City FL Zip Code	Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired		□ \$	8.75 A	dditional	
ROSENOW, YOMAIRA 16276 N.W. 20TH STREET PEMBROKE PINES, FL. 33028 City FL Zip Code	}- 	6. Name and Address of Current	Registered Agent	<u> </u>		7. 1	Name and Address of New Re				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity summits 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 Street Address (P.O. Box Number is Not Acceptable)	Name										
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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)(i), Florida Statutes. I further certify that the information indicated on this report or 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 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 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 the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(iii) and its section 119.07(3)(ii				₽	l					Í	
Indicated on this remail or supplemental report is true and accurate and that my signature shall have the same lengt effect as if made under eath, that I am an officer or director.	ļ	Certify that the information expedied with	this filling does not qualify for	8		Section	110 O7/3Vi) Florida Statutas I	further contif	that the	information	
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.	Indicated of the cor	on this report or supplemental report is reporation or the receiver or trustee emporation.	true and accurate and that nowered to execute this report.	ny signa as requi	tura chall hava t	ha sama i	lengt effect ag if made under o	ath that I am	an office	ar or director	



September 08, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL. 32302

Re: Uniform Business Report

ASHER PROFESSIONAL SERVICES, INC
P00000039130

Dear Sirs:

Attached please find Business Report for above mention Corp. and the check in the amount of \$ 150.00.

We did not receive the 2003 Business report in time to file, please accept the attached check in the amount of \$150.00 Fee, for 2003 Uniform Business Report.

In further information is needed please contact me.

Asher Professional Services, Inc

Yomaira Rosenow = 2425 Coral Way Miami, FL 33145