


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State


03-02-2007 90005 037 ***150.00

DOCUMENT # P00000083616 1. Entity Name A.S.A. INVESTMENTS OF SOUTH FLORIDA, INC.	
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Principal Place of Business 12448 SW 127 AVENUE MIAMI, FL 33186	Mailing Address 12448 SW 127 AVENUE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

40047403



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1048560	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

KUPFER, PAUL H
5541 UNIVERSITY DR
#103
CORAL SPRINGS, FL 33067

DO NOT WRITE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARCIA, CARLOS
STREET ADDRESS	12448 S.W. 127 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DV
NAME	GARCIA, GENARO R
STREET ADDRESS	12448 S.W. 127 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DST
NAME	FERNANDEZ, MARTHA
STREET ADDRESS	12448 S.W. 127 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.

SIGNATURE: Secretary 2/6/07 (305) 965-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #