
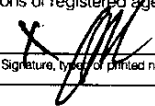



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90062 006 ***150.00

40037171

DOCUMENT # P0000105648			
1. Entity Name 248 ASHEM INC.			
Principal Place of Business 251 NE 166 ST MIAMI, FL 33162		Mailing Address 251 NE 166 ST MIAMI, FL 33162	
2. Principal Place of Business - No P.O. Box # 1075 93 Street Suite, Apt. #, etc. 405		3. Mailing Address 1075 93 ST Suite, Apt. #, etc. 405	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33154 Country US		Zip 33154 Country US	
6. Name and Address of Current Registered Agent ALTMAN, GREGORIO 10275 COLLINS AVE. #329 BAL HARBOR, FL 33159		7. Name and Address of New Registered Agent Name: ALTMAN GREGORIO Street Address (P.O. Box Number is Not Acceptable): 1075 93 ST # 405 City: MIAMI FL Zip Code: 33154	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ALTMAN, GREGORIO STREET ADDRESS: 251 NE 166 ST CITY-ST-ZIP: MIAMI, FL 33162	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 1075 93 ST # 405 CITY-ST-ZIP: MIAMI, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: 		Date: 03/14/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	