2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90076 008 ***150.00

DOCUMENT # P01000005715

1. Entity Name
ASES PROPERTIES INC.

Principal Place of Business	Mailing Address
7360 CORAL WAY #21 MIAMI, FL 33155	7360 CORAL WAY #21 MIAMI, FL 33155

03112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7360 SW 24 St.	7360 SW 24 St
Suite, Apt. #, etc. # 34	Suite, Apt. #, etc. # 34
City & State MIAMI FL	City & State MIAMI FL 33155
Zip 33155 Country	Zip 33155 Country

4. FEI Number
65-1069048
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COUSTANTINO, ARGIMON 7360 CORAL WAY #21 MIAMI, FL 33155	Name: CONSTANTINO ARGIMON Street Address (P.O. Box Number is Not Acceptable): 7360 SW 24 ST # 34 City: MIAMI FL Zip Code: 33155

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: CONSTANTINO ARGIMON MARCH 3-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS CONSTANTINO, ARGIMON 7360 SW 24 ST #34 MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARGIMO, ANGELA 7360 SW 24 ST 34 MIAMI, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: CONSTANTINO ARGIMON P. 3/11/04 305 444 4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #