

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90322 012 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000058292	
1. Entity Name ASESORIAS INMOBILIARIAS INTERNACIONALES, INC.	



Principal Place of Business 9520 SW 79 AVENUE MIAMI, FL 33156 US	Mailing Address 9520 SW 79 AVENUE MIAMI, FL 33156 US
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50039338



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120721	Applied For ☐ Not Applicable
5. Certificate of Status Return ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MELENDEZ, MICHAEL
 20795 SW 128 PL
 MIAMI, FL 33177**

**DO NOT WRITE
 IN THIS SPACE**

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: _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENA, MARGARITA E 169 E FLAGLER ST, STE 1536 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SMITH, GEORGE 169 E FLAGLER ST, STE 1536 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information furnished on this report or a 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 liquidator 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR