2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000114189

Entity Name: ASTROTED, INC.

FILED Sep 26, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1450 BRICKELL BAY DRIVE APT 1005 540 BRICKELL KEY DRIVE, SUITE 515 MIAMI, FL 33131

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

1450 BRICKELL BAY DRIVE APT 1005 540 BRICKELL KEY DRIVE, SUITE 515

MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 65-1158225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ-SARMIENTO, GABRIEL S DIAZ-SARMIENTO, GABRIEL S 1985 NW 88 CT, #201 5600 SW 135TH AVE, #202-A MIAMI, FL 33172 MIAMI, FL 33183

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.

SIGNATURE: GABRIEL S. DIAZ-SARMIENTO, CPA 09/26/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MIAMI, FL 33172

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: () Change () Addition

TEDESCO RAMIREZ, FELIPE Name: Name:

1450 BRICKELL BAY DRIVE APT 1005 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip:

Title: Title: (X) Change () Addition () Delete DIAZ-SARMIENTO, GABRIEL DIAZ-SARMIENTO, GABRIEL S CPA Name: Name: 1985 NW 88 CT, #201 Address: 5600 SW 135TH AVE, #202-A Address:

MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33183 City-St-Zip:

(X) Delete Title: Title: VSD () Change () Addition

MAUL, BODIL L Name: Name: 1450 BRICKELL BAY DRIVE APT 1005 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GABRIEL S. DIAZ-SARMIENTO CPA 09/26/2008 S