2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 AM Secretary of State

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MENT # P020000933 Åsing, inc.	72 .				, a	CCIC	tary of Sta	
e of Business MI AVE 3129	Mailing Address P O BOX 1365 KEY BISCAYNE, FL 33149		1			 \$8 1 8 1		
O NOT WRITE	IN THIS SPA	CE		01292007 4. FEI Numb 02-063	No Chg-P er 9890		E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMEDIA, YVETTE PO BOX 1365 KEY BISCAYNE, FL 33149			DO NOT WRITE IN THIS SPACE					
tions of registered agent.					oth, in the State of F	lorida. I an	n familiar with, and accept	
OFFICERS AND DII PSTD ALMEIDA, YVETTE PO BOX 1365 KEY BISCAYNE, FL 33149	RECTORS				00000 03/06/07	064732 -80068	2 1–006 150.00	
	ASING, INC. e of Business MI AVE 3129 ONOT WRITE 6. Name and Address of Current Re YVETTE 365 AYNE, FL 33149 In named entity submits this statement for the constructions of registered agent. Signature, hyperformed name of registered agent and registered agent. Signature, hyperformed name of registered agent and registered agent. OFFICERS AND DIT PSTD ALMEIDA, YVETTE PO BOX 1365	ASING, INC. e of Business Mailing Address P 0 BOX 1365 KEY BISCAYNE, FL 33149 ON NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent YVETTE 365 AYNE, FL 33149 On named entity submits this statement for the purpose of changing its registerions of registered agent Signature, type of puritied name of registered agent and lide of applicable NOTE: Register E NOW!!! FEE IS \$150.00 BY 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PSTD ALMEIDA, YVETTE PO BOX 1365	Mailing Address P 0 BOX 1365 MAYE P 0 BOX 1365 KEY BISCAYNE, FL 33149 ONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent YVETTE 365 AYNE, FL 33149 In named entity submits this statement for the purpose of changing its registered office or registered agent. Sonature, proof puried name of registered agent and tide if applicable (NOTE: Registered Agent sonature) E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PSTD ALMEIDA, YVETTE PO BOX 1365	Mailing Address P O Business Mailing Address P O BOX 1365 KEY BISCAYNE, FL 33149 ONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent YVETTE 365 AYNE, FL 33149 Internal entity submits this statement for the purpose of changing its registered office or register itions of registered agent Signature, hoods puried name of registered agent and lide of applicable E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PSTD ALMEIDA, YVETTE PO BOX 1365	ASING, INC. e of Business Mailing Address P 0 B0X 1365 May E P 0 B0X 1365 May E M	MENT # P02000093372 ASING, INC. P of Business Mailing Address P O BOX 1365 KEY BISCAYNE, FL 33149 O1292007 No Chg-P 4. FEI Number 02-0639890 6. Centificate of Status Desired 6. Name and Address of Current Registered Agent YVETTE 385 AYNE, FL 33149 DO NOT W IN THIS SI P O BOX 1365 Centificate of Status Desired IN THIS SI P O BOX 1365 Centificate of Status Desired IN THIS SI P O BOX 1365 Centificate of Status Desired DO NOT W IN THIS SI P O BOX 1365 CENTIFICATE AGENT AGE	ASING, INC. a of Business	

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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