

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000046113

1. Entity Name
A.S.I. INTERNATIONAL CORP.



Principal Place of Business
9365 SW 89TH ST
MIAMI, FL 33176

Mailing Address
9365 SW 89TH ST
MIAMI, FL 33176



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0841196

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

YESIL, KADRIYE I
9365 SW 89TH ST
MIAMI, FL 33176

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 DATE 2/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	YESIL, KADRIYE I
STREET ADDRESS	9365 SW 89TH ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	YESIL, SEMA
STREET ADDRESS	9365 SW 89TH ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	OZDAMAR, AYSE C
STREET ADDRESS	9365 SW 89TH ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000365340
05/10/05-80007-002 150.00

1000000365340
05/10/05-80007-003 8.75

**DO NOT WRITE
IN THIS SPACE**

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: DATE 2/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #