


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90060 045 ***150.00

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1. Entity Name
ASF INVESTMENTS CORP.



Principal Place of Business Mailing Address
3707 W. GARDENIA AVE. **3707 W. GARDENIA AVE.**
WESTON, FL 33332 **WESTON, FL 33332**

50059506

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
56-2388525 Not Applicable

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

6. Name and Address of Current Registered Agent

SOSA, FERNANDO
3707 W. GARDENIA AVE.
WESTON, FL 33332

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME **SOSA, FERNANDO**
 STREET ADDRESS **3707 W. GARDENIA AVE.**
 CITY-ST-ZIP **WESTON, FL 33332**

TITLE SD Delete
 NAME **SANCHEZ, SERGIO**
 STREET ADDRESS **12521 S.W. 94 TERR.**
 CITY-ST-ZIP **MIAMI, FL 33185**

TITLE Delete
 NAME
 STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 thereto, with all other like empowered.

SIGNATURE: *Fernando Sosa* **FERNANDO SOSA** 07/30/05 (954) 275 6661
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #