


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90028 004 \*\*\*158.75

<b>DOCUMENT # P03000109317</b>	
1. Entity Name <b>ASPEN REAL ESTATE SERVICES INC.</b>	

Principal Place of Business <b>9521 TONI DRIVE MIAMI FL 33157</b>	Mailing Address <del>9521 TONI DRIVE</del> <b>MIAMI FL 33157</b>
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**54034230**



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address <b>9390 W Flagler St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#104</b>
City & State	City & State <b>Miami, Florida</b>
Zip	Zip <b>33174</b>
Country	Country <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MARTA ELENA, SAN MARTIN 9521 TONI DRIVE MIAMI FL 33157</b>	
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7. Name and Address of New Registered Agent	
Name	<b>ROBERTS ORTIZ JR.</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>9160 S.W. 13th PL</b>
City	<b>Miami FL 33184</b>

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	<b>[Signature]</b> <b>4/13/04</b>
(NOTE: Registered Agent signature required when reinstating)	

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SAN MARTIN, MARTA E</b>
STREET ADDRESS	<b>9521 TONI DR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>COVIELLO, ANAHI O</b>
STREET ADDRESS	<b>9521 TONI DR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>VP/S</b> <input type="checkbox"/> Delete
NAME	<b>ARECO, JUAN C</b>
STREET ADDRESS	<b>9521 TONI DR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>TREA</b> <input type="checkbox"/> Delete
NAME	<b>SAN MARTIN, MARTA E</b>
STREET ADDRESS	<b>9521 TONI DR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>SAN MARTIN, LILLIAN C</b>
STREET ADDRESS	<b>9521 TONI DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with an other like empowered.

SIGNATURE:	<b>[Signature]</b>	<b>4/29/04</b>	<b>305-957-4087</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			