


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000032295 1. Entity Name AMERICA SOURCE INTERNATIONAL, INC						<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> OFFICE OF CLERK OF CORPORATION 06 MAY 10 AM 10:43 </div>	
Principal Place of Business 175 FONTAINBLEAU BLVD SUITE 2D4 MIAMI, FL 33172				Mailing Address 175 FONTAINBLEAU BLVD SUITE 2D4 MIAMI, FL 33172			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 34-1983561				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGURA, YUNIS 1149 SW 27TH AVENUE, SUITE 102 MIAMI, FL 33135				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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MENDOZA, ARMANDO 175 FONTAINBLEAU BLVD SUITE 2D4 MIAMI, FL 33172 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 000075112070 05/24/06--01005--026 **150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STRACUZZI, FRANCISCO 175 FONTAINBLEAU BLVD SUITE 2D4 MIAMI, FL 33172 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small> _____ <small>Daytime Phone #</small> _____							

06 MAY 10 2006