


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000032295 1. Entity Name AMERICA SOURCE INTERNATIONAL, INC						FILED 2008 APR 29 PM 1:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 175 FONTAINBLEAU BLVD SUITE 204 MIAMI, FL 33172				Mailing Address 175 FONTAINBLEAU BLVD SUITE 204 MIAMI, FL 33172			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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			
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.				4. FEI Number 34-1983561			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PS MENDOZA, ARMANDO 175 FONTAINBLEAU BLVD SUITE 204 MIAMI, FL 33172				300126776933 04/29/08--01023--001 **150.00			
VT STRACUZZI, FRANCISCO 175 FONTAINBLEAU BLVD SUITE 204 MIAMI, FL 33172							
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>				4-28-08 <small>Date</small>			
				<small>Daytime Phone #</small>			