2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an add

Mar 31, 2005 8:00 am Secretary of State DOCUMENT # P04000063231 03-31-2005 90043 006 ***150.00 ASA PINGUING CORP. Principal Place of Business Mailing Address 2875 N.E. 191ST STREET, 801 2875 N.E. 191ST STREET, 801 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 Cha-P CR2E034 (10/03) Applied For City & State 4. FEI Number 81 ~0667 City & State Not Applicable Country \$8.75 Additional 5._Certificate of Status Desired ----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERBER, DANIEL J Street Address (P.O. Box Number is Not Acceptable) SERBER & ASSOCIATES, P.A. TURNBERRY PL., STE. 801 2875 NE 191ST ST. AVENTURA, FL 33180 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete Change Addition TITLE TITLE ARTURO SERIO ASAF ASAF, ARTURO SERIO NAME 21055 YACHT CLUBDR #2606 21055 YACHT CLUB DRIVE, #2606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. I hereby certify that the information supplied withindicated on this report or supplemental report of the corporation or the receiver or trustee shape

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