2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 14, 2005 8:00 am **DOCUMENT # P04000067075 Secretary of State** 1. Entity Name 01-14-2005 90009 032 ***150.00 DIEGO ASENCIO, P.A. Principal Place of Business Mailing Address 2821 REDDITT RD 2821 REDDITT RD 3000000 ORLANDO, FL 32822 ORLANDO, FL 32822 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 01112005 CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 20-105/992 Not Applicable Country Zip 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 ASENCIO, DIEGO Street Address (P.O. Box Number is Not Acceptable) 2821 REDDITT RD ORLANDO, FL 32822 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete SITE ☐ Change ■ Addition ASENCIO, DIEGO NAME NAME STREET ADDRESS 2821 REDDITT RD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-71P □ Change THLE ☐ De lete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE De lete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE TELLE ☐ De lete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De lete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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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: