



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90141 029 ***150.00

DOCUMENT # P04000088672					
1. Entity Name DE ASIS CORPORATION					
Principal Place of Business 20001 NW 82 COURT MARBELLA PARK MIAMI LAKES, FL 33015			Mailing Address 20001 NW 82 COURT MARBELLA PARK MIAMI LAKES, FL 33015		
2. Principal Place of Business 7336 NW 8 Street		3. Mailing Address 7336 NW 8 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL			
Zip 33126		Country Dade		04072005 Chg-P CR2E034 (10/03)	
Zip 33126		Country Dade		4. FEI Number 54-2155989	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FUENTEALBA, YNGRID 20001 NW 82 COURT MARBELLA PARK MIAMI LAKES, FL 33015			7. Name and Address of New Registered Agent		
			Name J. Pascual		
			Street Address (P.O. Box Number is Not Acceptable) 7336 NW 8 Street		
			City Miami		
			State FL		
Zip Code 33126					
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 _____ DATE 4/5/15					
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PTS	NAME FUENTEALBA, YNGRID		TITLE PTS	NAME Julio Pascual	
STREET ADDRESS 20001 NW 82 COURT	CITY-ST-ZIP MIAMI LAKES, FL 33015		STREET ADDRESS 7336 NW 8 Street	CITY-ST-ZIP Miami, FL 33126	
<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE _____ DATE 4/5/15					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					