2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 01, 2007 8:00 am Secretary of State DOCUMENT # P05000008573 03-01-2007 90007 028 ***150 00 A & S ENTERPRISE OF USA INC Principal Place of Business Mailing Address 411020 3825 W 16 AVE STE 5 3825 W 16 AVE STE 5 HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 27-0113847 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 14320 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 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. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition NAME GONZALEZ, SERGIO NAME STREET ADDRESS 14320 LAKE CANDLEWOOD CT. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP VΡ TITLE TITLE ☐ Change ☐ Addition GONZALEZ, YOHANY NAME NAME STREET ADDRESS 14320 LAKE CANDLEWOOD CT. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP PRESIDENT ST TITLE ☐ Delete TITLE ☐ Addition ORESTES MONS JR MONS, ORESTES JR NAME NAME 3825 W 16 AVENUE SUITE S STREET ADDRESS 14320 LAKE CANDLEWOOD CT. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP HIALEAH, FL 33012 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 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 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.

FILED