

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90031 046 ***150.00

DOCUMENT # P05000023555

1. Entity Name
ASIAMERICA WORLD CORPORATION



Principal Place of Business
10821 SW 144 AVENUE
MIAMI, FL 33186

Mailing Address
10821 SW 144 AVENUE
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #
14629 SW 104 ST

3. Mailing Address
14629 SW 104 ST

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33186

Country
US

Zip
33186

Country
US

01122007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2522090

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUSTANO, PINTO SR
10821 SW 144 AVENUE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: DUSTANO, PINTO SR
Street Address (P.O. Box Number is Not Acceptable)
14629 SW 104 ST #106
City: MIAMI FL Zip Code: 33186

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PINTO, DUSTANO SR
10821 SW 144 AVENUE
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PINTO, DUSTANO SR
14629 SW 104 ST #106
MIAMI, FL 33186 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 or without other line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/12/07 (786) 206-6336