

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90095 004 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000091459 1. Entity Name ASDRUBAL INTERIORS, INC.			
Principal Place of Business 12851 SW 9 ST MIAMI, FL 33184		Mailing Address 891 NW 132ND PLACE MIAMI, FL 33182	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13264 NW 6ST Suite, Apt. #, etc.	
City & State _____		City & State Miami FL	
Zip _____ Country _____		Zip 33182 Country Dade	
4. FEI Number 56-2520037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOTOLONGO, YANIRA 6 NW 136 AVE MIAMI, FL 33182		7. Name and Address of New Registered Agent Name YANITZE PEREZ Street Address (P.O. Box Number is Not Acceptable) 13264 NW 6 ST City Miami FL Zip Code 33182	
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 _____ <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, 2008 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 P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ESPINOSA, ASDRUBAL			
STREET ADDRESS 12851 SW 9 ST			
CITY-ST-ZIP MIAMI, FL 33184			
TITLE _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____			
STREET ADDRESS _____			
CITY-ST-ZIP _____			
TITLE _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____			
STREET ADDRESS _____			
CITY-ST-ZIP _____			
TITLE _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____			
STREET ADDRESS _____			
CITY-ST-ZIP _____			
12. I hereby certify that the information reported 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.			
SIGNATURE: 		Date 4/18/08	Daytime Phone # 786 346 6703
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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