


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/2/07
FILED
Jul 16, 2007 08:00 AM
Secretary of State
rec'd

DOCUMENT # P05000104388 1. Entity Name AASTHA CORP.	
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Principal Place of Business 7251 PARK BLVD SUITE E ST. PETERSBURG, FL 33781	Mailing Address 7251 PARK BLVD SUITE E ST. PETERSBURG, FL 33781
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DO NOT WRITE IN THIS SPACE



07042007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAWH, KEITH
12457 81ST PLACE N
SEMINOLE, FL 33772**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAWH, KEITH 12457 81ST PLACE N SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HETAL, SAWH 12457 81ST PLACE N SEMINOLE, FL 33772
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07/16/07-80005-008 150.00

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.

SIGNATURE: Keith Sawh **07/03/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #