

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90004 046 ***150.00

DOCUMENT # P05000154598			
1. Entity Name CIS ASSET MANAGEMENT, INC.			
Principal Place of Business 145 ALMERIA CORAL GABLES, FL 33134		Mailing Address 145 ALMERIA CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 145 Almeria Avenue		3. Mailing Address 145 Almeria Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Zip 33134	
Country USA		Country USA	
4. FEI Number 20-3840496		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 ESCOBIO, SUSAN 2121 PONCE DE LEON BLVD. 340 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: <u>Escobio, Susan</u> Street Address (P.O. Box Number is Not Acceptable): <u>145 Almeria Avenue</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>	
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: <u>Susan Escobio</u> DATE: <u>1-25-08</u> <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 CEO NAME ESCOBIO, ROBERT STREET ADDRESS 145 ALMERIA CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE CFO NAME FUSSA, FERNANDO STREET ADDRESS 145 Almeria Ave. CITY-ST-ZIP Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGRD NAME MORALES, VICTOR STREET ADDRESS 145 ALMERIA CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE President NAME Kevin Fitzgerald STREET ADDRESS 145 Almeria Ave. CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME ESCOBIO, SUSAN STREET ADDRESS 145 ALMERIA CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE President NAME Kevin Fitzgerald STREET ADDRESS 145 Almeria Ave. CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CEO NAME ESCOBIO, ROBERT STREET ADDRESS 145 ALMERIA CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE MGRD NAME MORALES, VICTOR STREET ADDRESS 145 ALMERIA CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME ESCOBIO, SUSAN STREET ADDRESS 145 ALMERIA CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE MGRD NAME MORALES, VICTOR STREET ADDRESS 145 ALMERIA CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE: <u>Susan Escobio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/25/08</u> <u>3054464800</u> <small>Date Daytime Phone #</small>	