2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P06000021146 1. Entity Name DOCASSIST, INCORPORATED 07 AUG 20 AM 10: 31 ALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 318 INDIAN TRACE 318 INDIAN TRACE #114 WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc Suite Act # etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 27-0138049 Not Applicable \$8.75 Additional Zip Country Country 5. Cortificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARBERIS, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 318 INDIAN TRACE #114 WESTON FL 33327 Zip Code City FL 8. The above named entity subsets this statement for he 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 stered agent and title r applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition HITE ☐ Delete BARBERIS, ROLANDO NAME MAGE 318 INDIAN TRACE #114 STREET ADDRESS STITET I ADORESS WESTON FL 33327 CITY+SI+ZIP CITY ST- AP RID. ☐ Defeie ☐ Change Addition NAME NAME SIREET ADDRESS STREET ADDRESS CITY-SI-ZIP CUTY - ST- 7IP шu Delete ☐ Add≀tion NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP Delete TITLE ☐ Addition NAM' NAME SIRFET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP ☐ Delete Addition THEF NAMI NAME SIRFFI ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 100 ☐ Dolete 1111. ☐ Change Addition MAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 1 hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is 100 and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truting—empswered to execute the 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 a Kaddress with all other like empowered. 41,9/07 SIGNATURE:

SIGNATURE AND THE SOUTH PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

05-04-2007 90071 028 ***150.00

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August 16, 2007

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ATTN: Debra

Florida Department of State Division of Corporations

Reference: P06000021146 / docAssist, Incorporated

This is to advise that we did not receive the annual report rejection letter sent on May 21, 2007 requesting our FEI number. Since we did not receive the letter we ask that you please waive the late fee. In addition our Federal Identification Number is 27-0138049. If you have any additional questions I can be reached at 954-888-9179 x4610.

Sincerely,

Rolando Barberis Managing Director

www.docAssist.com

Integrated Document Management 701 Promenade Drive., Suite 204, Perribroke Pines, FL 33026 Toll Free: 877.399.1300

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Initials ____