## FILED Jun 03, 2008 8:00 am Secretary of State 05-08-2008 90013 047 \*\*\*150.00

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME STRET ADDRESS CITY-ST-ZIP	DOCU 1. Entity Nam ASTRI II		87608			:				
Suite, Apr. #, etc.    O1172098   Chg.P   CR26034 (12/06)	4701 W. COM	MANCHE AVENUE	4701 W. COMANCHE	4701 W. COMANCHE AVENUE ,				DB/B ( 40   41   20   B  B	<b>31117-11214</b>	(1061 M 1804
City & State  Country  S. Certificate of Status Desired  S. Reme and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  S. The above named entry submits this statement for the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  Signature of registered agent.  Signature of the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with and acceptable in the State of Florida. I am familiar with and acceptable in the State of Florida. I am familiar with and acceptable in the State of Florida. I am familiar with and acceptable in the State of Florida. I am familiar with and acceptable in the State of Florida. I am familiar with and acceptable in the State of Florida. I am familiar with and acceptable in the State of Florida. I am familiar with and acceptable in the St	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	<u>.</u> :						
Diazy   Country   Zip   Country   St. Certificate of Status Certified   St. 75 Additional Fee Repairs   St. 75 Additional Fe	Suite, Apt. #, stc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172008	Chg-P	CR2E034	(12/06)	
S. Name and Address of Current Registraned Agent  S. Name and Address of Current Registraned Agent  T. Name and Address of How Registraned Agent  The Above named writh youthets this statement for the purpose of changing its registraned office or registraned agent, or both, in the State of Fonds. I am familiar with, and acceptable)  The Above named writh youthets this statement for the purpose of changing its registraned office or registraned agent, or both, in the State of Fonds. I am familiar with, and acceptable in the above of the purpose of changing its registraned office or registraned agent, or both, in the State of Fonds. I am familiar with, and acceptable in the above of the registrane agent in the statement for the purpose of changing its registrane agent inclined agent, or both, in the State of Fonds. I am familiar with, and acceptable in the above of the registrane agent inclined agent, or both, in the State of Fonds. I am familiar with, and acceptable in the above of the registrane agent inclined agent, or both, in the State of Fonds. I am familiar with, and acceptable in the a	City & State		City & State	City & State			 へる <del>1</del> 80	744	$\rightarrow$	·
DIAZ, JOSEPH L 2522 WEST KENNEDY BOULEVARD TAMPA, FL 33609  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered cifico or registered agent, or both, in the State of Rocks. I am familiar went, and acceptable)  8. The above named entity submits this statement for the purpose of changing its registered cifico or registered agent, or both, in the State of Rocks. I am familiar went, and acceptable  8. The above named entity submits this statement for the purpose of changing its registered cifico or registered agent, or both, in the State of Rocks. I am familiar went, and acceptable  8. The above named entity submits this statement for the purpose of changing its registered cifico or registered agent, or both, in the State of Rocks. I am familiar went, and acceptable  8. The above named entity submits this statement for the purpose of changing its registered cifico or registered agent, or both, in the State of Rocks. I am familiar went, and acceptable  9. Election Campaign Financing  19. E	Zip	Country	Zip	Coun	ntry	<del></del>	Status Desired		3.75 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)    City	DIAZ IOS		ent Rogistered Agent		Name	7. Hame and Ad	dress of How Ro	gistared Age	nt	
B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered eigent.    SIGNATURE	2522 WES	T KENNEDY BOULEVARD			Street Address (	P.O. Box Number i	Not Acceptable)	)		
SIGNATURE   ONTER PROPERTIES AND DIRECTORS   1.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1      PILE NOWITH FEE IS \$1.50.00   P. Election Campaign Financing   \$5.00 May Be Added to Fees					City	•		FL	Zip Cod	<del></del>
ARREL MANY 1, 2008 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees   Added to Fees		Signature, typed or printed name of registered a					-	DATE		.,
ITILE   Change   Additional contents of the policy of the	After M	ay 1, 2008 Fee will be \$5!	50.00 Trust Fund Con	tribution.		ed to Fees			· <u>-</u>	
ITILE   Delete   ITILE   MAME   STREET ADDRESS   CITY-ST-ZP   Change   Addition   Additi	TITLE ANDRESS	D ; ALESSI, FRED 4701 W. COMANCHE AVENU	C Oelete	TITLE NAM STRE	E ET ADDRESS	ADDITIONS/CH	ANGES TO OFFIC			S (N 1.1
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STREET ADDRESS CITY-ST-ZP  12. I hereby certify that the information surplies flith this Bling does not qualify for the exemptions contained in Chapter 119, Rorida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate and that my signettre 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 district produced for specure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an object type.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STRE	E ET ADORESS			C	Change	Addition
/ 11///// / // 11 //7	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0.1	NAM: STRE	E ET ADORESS -SI-ZIP				-	Addition
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