2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2004
Secretary of State

DOCUMENT# P93000068613

Entity Name: ASA INVESTMENTS, INC.

Current Principal Place of Business:

5049 LATROBE DRIVE
WINDEREMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

5049 LATROBE DRIVE
WINDEREMERE, FL 34786

New Mailing Address:

FEI Number: 59-3202015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AL-HAKIM, ARIF K
5049 LATROBE DRIVE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AL-HAKIM, ARIF K
Address: 5049 LATROBE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: AL-SAADOON, SAIF
Address: 5049 LATROBE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: BARGHUTHI, AHMED A
Address: 3225 WESLEY CHAPEL RD.
City-St-Zip: DECATUR, GA 30034

Title: D ( ) Delete
Name: BARGHOUTI, MAHER I.
Address: 3501 W VINE ST #352
City-St-Zip: KISSIMMEE, FL

Title: D ( ) Delete
Name: ALSELMIE, WAJIH
Address: 3501 W. VINE ST
City-St-Zip: KISSIMMEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIF AL-HAKIM PD 11/04/2004

Electronic Signature of Signing Officer or Director Date