

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000039964	
1. Entity Name ASLI, INC.	

Principal Place of Business C/O J.A.F. 1428 BRICKWELL AVE, SUITE 206 MIAMI, FL 33131	Mailing Address C/O J.A.F. 1428 BRICKWELL AVE, SUITE 206 MIAMI, FL 33131
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0498583	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FIGUEROA, JUAN A 1428 BRICKWELL AVE, SUITE 206 MIAMI, FL 33131	
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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 is applicable (NOTE: Registered Agent signature required when reappointing)	DATE _____
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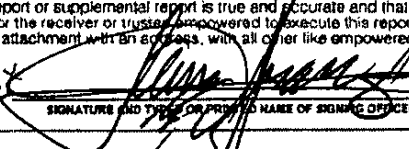
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAME, JAIME B 1428 BRICKWELL AVE, SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADISSI, JUAN B 1428 BRICKWELL AVE, SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBALAS, ESTHER A 1428 BRICKWELL AVE, SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADISSI, SALOMON B 1428 BRICKWELL AVE, SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/07-80033-005, 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: 	JAN 10, 2007 3054485844
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #