
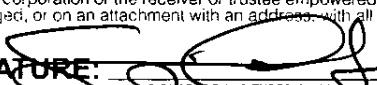


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90195 005 \*\*\*150.00

<b>DOCUMENT # P95000051768</b>					
<b>1. Entity Name</b> ASSOCIATES HOLDINGS, INC.					
<b>Principal Place of Business</b> 10700 S.W. 88TH STREET SUITE 301 MIAMI, FL 33176 US			<b>Mailing Address</b> 10700 S.W. 88TH STREET SUITE 301 MIAMI, FL 33176 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0591846	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CALZADO, JR., SERGIO E PRES 10700 S.W. 88TH STREET SUITE 301 MIAMI, FL 33176				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PDST	<b>NAME</b> SERGIO, CALZADO E JR		<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	<b>NAME</b> 10700 SW 88 ST, STE 301	
<b>STREET ADDRESS</b> 5846 SW 144 CIRCLE PLACE	<b>CITY - ST - ZIP</b> MIAMI, FL 33183		<b>STREET ADDRESS</b> MIAMI, FL 33176	<b>CITY - ST - ZIP</b> MIAMI, FL 33176	
<b>TITLE</b> VP	<b>NAME</b> CALZADO, ELSI C		<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	<b>NAME</b> 10700 SW 88 ST, STE 301	
<b>STREET ADDRESS</b> 5846 SW 144 CIRCLE PLACE	<b>CITY - ST - ZIP</b> MIAMI, FL 33183		<b>STREET ADDRESS</b> MIAMI, FL 33176	<b>CITY - ST - ZIP</b> MIAMI, FL 33176	
<b>TITLE</b> DCOO	<b>NAME</b> CALZADO, SERGIO E		<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	<b>NAME</b> 10700 SW 88 ST, STE 301	
<b>STREET ADDRESS</b> 5846 SW 144 CIRCLE PLACE	<b>CITY - ST - ZIP</b> MIAMI, FL 33176		<b>STREET ADDRESS</b> MIAMI, FL 33176	<b>CITY - ST - ZIP</b> MIAMI, FL 33176	
<b>TITLE</b> Delete <input type="checkbox"/>	<b>NAME</b> Delete <input type="checkbox"/>		<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	<b>NAME</b> Delete <input type="checkbox"/>	
<b>STREET ADDRESS</b> Delete <input type="checkbox"/>	<b>CITY - ST - ZIP</b> Delete <input type="checkbox"/>		<b>STREET ADDRESS</b> Delete <input type="checkbox"/>	<b>CITY - ST - ZIP</b> Delete <input type="checkbox"/>	
<b>TITLE</b> Delete <input type="checkbox"/>	<b>NAME</b> Delete <input type="checkbox"/>		<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	<b>NAME</b> Delete <input type="checkbox"/>	
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<b>STREET ADDRESS</b> Delete <input type="checkbox"/>	<b>CITY - ST - ZIP</b> Delete <input type="checkbox"/>		<b>STREET ADDRESS</b> Delete <input type="checkbox"/>	<b>CITY - ST - ZIP</b> Delete <input type="checkbox"/>	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 4/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305-386-4688		