


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000006847
 1. Entity Name
 FASI INVESTMENTS CORP.



Principal Place of Business Mailing Address
 16000 NW 59TH AVE 16000 NW 59TH AVE
 SUITE #104 SUITE #104
 MIAMI LAKES, FL 33014 US MIAMI LAKES, FL 33014 US

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0630409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CFRA, LLC
 CORPORATE CENTER THREE AT INT'L PLAZA
 4221 W. BOY SCOUT BLVD, 10TH FLOOR
 TAMPA, FL 33607-5736

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOLINA, ALBERT 16000 NW 59TH AVE, #104 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SLATON, MICHAEL 16000 NW 59TH AVE #104 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/11/05-80017-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Slaton 3-8-05 305-502-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #