

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90029 023 ***150.00

DOCUMENT # P96000009599

1. Entity Name
ASIAN INVESTMENTS, INC.



Principal Place of Business
**16701 COLLINS AVENUE
MIAMI BEACH, FL 33160**

Mailing Address
**16701 COLLINS AVENUE
MIAMI BEACH, FL 33160**

2. Principal Place of Business
448 ALAMANDA DR.

3. Mailing Address
448 ALAMANDA DR.

Suite, Apt. #, etc.
HALLANDALE BEACH, FL

City & State
HALLANDALE BEACH, FL

Zip
33009

Country
USA

03262006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0645821

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COX, MEILING M
16701 COLLINS AVENUE
MIAMI BEACH, FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

448 ALAMANDA DR.

City **HALLANDALE BEACH FL** Zip Code **33009**

7. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when translating)

DATE

3/28/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
COX, MEILING M
16701 COLLINS AVENUE
MIAMI BEACH, FL 33160**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**448 ALAMANDA DR.
HALLANDALE BEACH, FL 33009**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

Daytime Phone #