

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000023118
 1. Entity Name
 THE ASLAN GROUP REALTY & INVESTMENT, INC.



Principal Place of Business 5541 N UNIVERSITY DR 102 CORAL SPRINGS, FL 33067 US	Mailing Address 5541 N UNIVERSITY DR 102 CORAL SPRINGS, FL 33067 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0654288	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

CHRISTIE, GLENFORD
 5175 NW 57TH DRIVE
 CORAL SPRINGS, FL 33067

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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]* (NOTE: Registered Agent signature required when reinstating)

DATE: 4/28/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000948602
 06/02/08-80061-011 288.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHRISTIE, GLENFORD 5175 NW 57TH DRIVE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHRISTIE, NADIA 5175 NW 57TH DRIVE CORAL SPRINGS, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 an other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/08
 Daytime Phone #: 954 345 2010