


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90032 001 ****37.50
03-04-2008 90032 002 ****37.50
03-04-2008 90032 003 ****75.00

DOCUMENT # P96000024241					
1. Entity Name ASPURU HOLDINGS, INC.					
Principal Place of Business 1617 N. FLAGLER DR., APT 10A WEST PALM BEACH, FL 33407-6506			Mailing Address 1617 N. FLAGLER DR., APT 10A WEST PALM BEACH, FL 33407-6506		
2. Principal Place of Business - No P.O. Box # 1617 N FLAGLER DR Suite, Apt. #, etc. APT 10-B		3. Mailing Address 1617 N FLAGLER DR Suite, Apt. #, etc. APT 10-B			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33407-6506	Country USA	Zip 33407-6506	Country USA	4. FEI Number 65-0672600	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUTIERREZ, NICOLAS ESQ. 701 BRICKELL AVE. STE. 2150 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASPURU Y ALONSO, LOURDES 1617 N. FLAGLER DR., APT 10A WEST PALM BEACH, FL 334076506 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASPURU Y ALONSO, JULIA 1617 N. FLAGLER DR., APT 10A WEST PALM BEACH, FL 334076506 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA ROUSSEAU BOYKIN 1617 N FLAGLER DR APT 10-B WEST PALM BEACH, FL 33407-6506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA A ROUSSEAU 1490 VIA MANANA PALM BEACH, FL 33480 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sandra Rousseau Boykin</u> SANDRA ROUSSEAU BOYKIN 03/28/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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