2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 08:00 AM **Secretary of State** DOCUMENT # P97000021970 t. Entity Name ASOK ENVIRONMENTAL, INC. Principal Place of Business Mailing Address 18921 SW 93RD CT 18921 SW 93RD CT MIAMI, FL 33157 MIAMI, FL 33157 03172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0732869 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHASAN, PAMELA DO NOT WRITE 18921 SW 93RD CT MIAMI, FL 33157 IN THIS SPACE 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 primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHASAN, ZACHARY NAME U00000094216 STREET ADDRESS 18921 SW 93RD CT 13/22/04-86050-017 150.00 MIAMI, FL 33157 CETY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP រារៈ F NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ceth, 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mackary Chaian ZACHARYCHA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACHARY CHASAN, PRESIDEN

3/18/04

FILED

(305) 253 -8335

Daytime Phone #