

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000092780

1. Entity Name
ASTURIAS REALTY CORP.



Principal Place of Business
10520 NW 26TH STREET
SUITE C-201
MIAMI, FL 33172

Mailing Address
10520 NW 26TH STREET
SUITE C-201
MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #

10520 NW 26 St.

3. Mailing Address

10520 NW 26 St.

Suite, Apt. #, etc.

C 201

Suite, Apt. #, etc.

C 201

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33172

Country

U. S.

Zip

33172

Country

U. S.

6. Name and Address of Current Registered Agent

CABANAS, JOSE E
10520 NW 26TH STREET
SUITE C-201
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name Cabanas, Jose E.

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

10520 NW 26 St - C 201

City

DORAL

FL

Zip Code 33172

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] Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/12/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABANAS, JOSE E		NAME	
STREET ADDRESS	10520 NW 26TH STREET, STE C-201		STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABANAS, MARIA C		NAME	
STREET ADDRESS	10520 NW 26TH STREET, STE C-201		STREET ADDRESS	
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] Signature and typed or printed name of signing officer or director

03/12/07 (305) 513 3639
Date Daytime Phone #

Jase E. Cabanas