


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P97000092780	
1. Entity Name ASTURIAS REALTY CORP.	

Principal Place of Business 10520 NW 26TH STREET C-201 DORAL, FL 33172	Mailing Address 10520 NW 26TH STREET C-201 DORAL, FL 33172
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**DO NOT WRITE IN THIS SPACE**

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0793038	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

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

**DO NOT WRITE 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, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABANAS, JOSE E 10520 NW 26TH STREET, STE C-201 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABANAS, MARIA C 10520 NW 26TH STREET, STE C-201 DORAL, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **3/17/08** **(305) 513 3639**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jose E. Cabanas