

**2008 FOR PROFIT CORPORATION.
ANNUAL REPORT**

3/ **FILED**
Mar 24, 2008 8:00 am
Secretary of State

03-03-2008 90195 030 ***150.00

DOCUMENT # P97000103333

1. Entity Name
ASIAN MACHINERY USA, INC.



Principal Place of Business

**3401 NW 82 AVE.
SUITE 245
MIAMI, FL 33122**

Mailing Address

**3401 NW 82 AVE.
SUITE 245
MIAMI, FL 33122**

66004799



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0801330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VERNE, CARLOS J
3401 NW 82 AVE.
SUITE 245
MIAMI, FL 33122**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/19/08

**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**

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: VERNE, CARLOS J
STREET ADDRESS: 3401 NW 82 AVE, SUITE 245
CITY-ST-ZIP: MIAMI, FL 33122

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/08

305-594-1075

Date

Daytime Phone #