2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90024 042 ***150.00

DOCUMENT # P98000084077

1. Entity Name
ASLAN TAX SERVICES, INC.

Principal Place of Business	Mailing Address
531 MICHIGAN AVE MIAMI BEACH, FL 33139	531 MICHIGAN AVE MIAMI BEACH, FL 33139

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
537 Michigan Ave	537 Michigan Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country:	Zip: 33139 Country:

4. FEI Number: 65-0865799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
XIQUES, ALBERT J ESQ. 1000 BRICKELL AVE., SUITE 660 MIAMI, FL 33131	Name: Consuelo Sanchez Street Address (P.O. Box Number is Not Acceptable): 18545 SW 24 St City: Miramar FL Zip Code: 33029

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: P
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, ERNESTO ~~180 W 50 ST~~ HIALEAH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sanchez Ernesto 18545 SW 24 St Miramar, FL 33029	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANCHEZ, CONSUELO 180 W 50 ST HIALEAH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sanchez Consuelo 18545 SW 24 St Miramar, FL 33029	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: P. 1-7-04 305 531-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #