
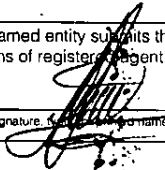



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90056 016 \*\*\*150.00

<b>DOCUMENT # P98000084077</b> 1. Entity Name <b>ASLAN TAX SERVICES, INC.</b>			
Principal Place of Business <b>537 MICHIGAN AVE MIAMI BEACH, FL 33139</b>		Mailing Address <b>537 MICHIGAN AVE MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business <b>491 SW 8th street</b>		3. Mailing Address <b>P.O. Box 31-0879</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33130</b>		Zip <b>33231</b>	
Country 		Country 	
4. FEI Number <b>65-0865799</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75-Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ, CONSUELO 18545 SW 24 ST HOLLYWOOD, FL 33029</b>		7. Name and Address of New Registered Agent Name <b>Consuelo Sanchez</b> Street Address (P.O. Box Number is Not Acceptable) <b>18545 SW 24 Street</b> City <b>Miramar</b> <b>FL</b> Zip Code <b>33029</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>SANCHEZ, ERNESTO</b> STREET ADDRESS <b>18545 SW 24 ST</b> CITY-ST-ZIP <b>MIROMOR, FL 33029</b>	<input type="checkbox"/> Delete	TITLE <b>Miramar</b> NAME <b>FL</b> STREET ADDRESS <b>33029</b> CITY-ST-ZIP <b>33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>SANCHEZ, CONSUELO</b> STREET ADDRESS <b>18545 SW 24 ST</b> CITY-ST-ZIP <b>MIROMOR, FL 33029</b>	<input type="checkbox"/> Delete	TITLE <b>Miramar</b> NAME <b>FL</b> STREET ADDRESS <b>33029</b> CITY-ST-ZIP <b>33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Consuelo Sanchez V</b> 1-20-05 305-858-5652 <small>DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

50006324



01052005 Chg-P CR2E034 (10/03)