



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90287 029 ***150.00

DOCUMENT # S82240 1. Entity Name ASTURIAS INVESTMENTS CORP.					
Principal Place of Business C/O DUNIA PELAEZ DE DAGO 650 OCEAN DRIVE #11C KEY BISCAYNE, FL 33149			Mailing Address C/O DUNIA PELAEZ DE DAGO 650 OCEAN DRIVE #11C KEY BISCAYNE, FL 33149		
2. Principal Place of Business C/O DUNIA DEL DAGO Suite, Apt. #, etc. 1798 S.E. 20 TERRACE City & State HOMESTEAD, FL Zip 33035		3. Mailing Address C/O DUNIA DEL DAGO Suite, Apt. #, etc. 1798 S.E. 20 TERRACE City & State HOMESTEAD, FL Zip 33035			
Country MIAMI-DAGE		Country MIAMI-DAGE		4. FEI Number 65-0400260	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUNIA PELAEZ DEL DAGO 650 OCEAN DRIVE APT. 11C KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name DUNIA DEL DAGO Street Address (P.O. Box Number is Not Acceptable) 1798 S.E. 20 TERRACE City HOMESTEAD FL Zip Code 33035		
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 <u><i>Dunia del Dago</i></u> 04/07/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DEL DAGO, FRANCISCO J. 650 OCEAN DR #11C BAHIA MAR KEY BISCAYNE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL DAGO, DUNIA 650 OCEAN DR #11C BAHIA MAR KEY BISCAYNE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Dunia del Dago</i></u> 04/07/05 305-7949861 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					