

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # V26087

1. Entity Name  
ASKA COMMUNICATION CORP.



Principal Place of Business  
2911 CENTER PORT CIRCLE  
POMPANO BEACH, FL 33064 US

Mailing Address  
2911 CENTER PORT CIRCLE  
POMPANO BEACH, FL 33064 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>OKAMOTO, DEBBIE NIGORIKAWA, TOSHIHIKO</b> 2911 CENTER PORT CIRCLE POMPANO BEACH, FL 33064			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			
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.			
<b>SIGNATURE</b> <i>[Signature]</i> <b>7/11/08</b> <b>DATE</b> Signature, typed or printed name of registered agent and date applicable (NOTE: Registered Agent signature required when reinstating)			

**FILE NOW!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Jul 14, 2008 8:00 am  
Secretary of State**

07-14-2008 90029 020 \*\*\*150.00

*Q1100*



07092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0324962</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required