## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

MATURE AND TYP

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## Jan 14, 2008 8:00 am **Secretary of State** DOCUMENT #V63321 1. Entity Name 01-14-2008 90099 019 \*\*\*150.00 ASECOMER INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 9500 NW 108TH AVENUE 9500 NW 108TH AVENUE MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Cho-P City & State City & State 4. FEI Number Applied For 65-0357213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARY D MALFELD, ATTORNEY AT LAW Street Address (P.O. Box Number is Not Acceptable) 8420 NW 52ND STREET **STE 107** MIAMI, FL 33166 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. SIGNATURE. Signature, lyped or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change □ Delete Addition CRESPO, JOHN O. NAME NAME 10700 NW 66 STREET, APT 407 STREET ADDRESS 10770 NW 66 STREET APTO 208 STREET ADDRESS CHY-ST-7P MIAMI, FL 33178 CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete **2** Change TITLE TITLE Addition CRESPO, GRACIALA NAME NAME STREET ADDRESS 10770 NW 66 STREET APTO.208 STREET ADDRESS 10700 NW 66 STREET, APT 407 CITY-ST-ZIP MIAMI, FL 33178 MITMI, FL 33178 TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS 011Y-S1-7P CITY-ST-ZIP TITLE TITLE Delete \_\_\_ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Change Delete TITLE THE Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIF 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is fine and contained in Chapter 119, Florida Statutes. I further certification in the contained in the conta is his and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of trustee e changed, or on an attachment with

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Designer Progress