


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90062 018 ***150.00

DOCUMENT # M92650 1. Entity Name ASHLEY TITLE COMPANY	
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Principal Place of Business 16375 NE 18TH AVE #225 N MIAMI BCH, FL 33162 US	Mailing Address 16375 NE 18TH AVE #225 N MIAMI BCH, FL 33162 US
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0063796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, IRA R.
 16375 NE 18TH AVE #225
 N MIAMI BCH, FL 33162

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, IRA R. 16375 NE 18TH AVE #225 N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, ANN 16375 NE 18TH AVE #225 N MIAMI BCH, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____