

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2005 8:00 am
Secretary of State

06-16-2005 90001 034 ***150.00



DOCUMENT # P03000053747
 1. Entity Name
ASHLEY TOWING, INC.

Principal Place of Business Mailing Address
 1941 NE 197TH TERRACE 1941 NE 197TH TERRACE
 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business 3. Mailing Address
19506 N. Coquina way *19506 N. Coquina way*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Weston, FL *Weston, FL*
 Zip Country Zip Country
33332 *Broward* *33332* *Broward*



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
CAPOZZI, ASHLEY
1941 NE 197 TERR.
NORTH MIAMI BEACH FL 33179

4. FEI Number Applied For
47-0919281 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name *Ashley Capozzi*
 Street Address (P.O. Box Number is Not Acceptable)
19506 N. Coquina way
 City *Weston* State *FL* Zip Code *33332*

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 *Ashley Capozzi* DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CAPOZZI, ASHLEY 1941 NE 197 TERR., NORTH MIAMI BEACH FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Capozzi, Ashley 19506 N. Coquina way Weston, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Catherine Capozzi 19506 N. Coquina way Weston, FL 33332
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Ashley Capozzi* Date *6/1/05* Daytime Phone # *(954) 385-8842*

40088317

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6/1/05

To whom it may concern:

I Catherine Capozzi called you
all and was told to make changes and to
mail \$150.00 in since I did not receive
my Annual Report in time. Please not address change.

Sincerely

Catherine Capozzi

(954) 385-8842