## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

all other like empowered

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 14, 2006 08:00 AN DOCUMENT # P04000108839 **Secretary of State** ASHTON (FLA.) MANAGEMENT III, INC. Principal Place of Business Mailing Address 3493 NW 117TH ST 3493 NW 117TH ST OPA LOCKA, FL 33056 OPA LOCKA, FL 33056 04062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 84-1660778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEISZ, MICHEL O ESQ. DO NOT WRITE SEGREDO & WEISZ ESQ 9350 SOUTH DIXIE HIGHWAY SUITE 1500 IN THIS SPACE MIAMI, FL 33156 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 000000509128 04/28/06-80033-010 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. RRE STROEHMANN, HAROLD J NAME STREET ADDRESS 3493 NW 167TH STREET CITY-ST-ZIP MIAMI, FL 33056 717) F NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIBE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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