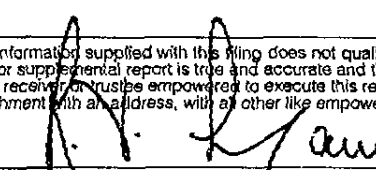


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 525300			
1. Entity Name ASHWOOD, INC.			
Principal Place of Business 1501 E. 10 AVE. HIALEAH, FL 33010		Mailing Address 1501 E. 10 AVE. HIALEAH, FL 33010	
DO NOT WRITE IN THIS SPACE			
			
		03302006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-1789826		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZARUS, GORDON 1501 E. 10 AVE. HIALEAH, FL 33010		DO NOT WRITE IN THIS SPACE	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000524681 05/03/06-80118-022 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	LAZARUS, RUDOLPH		
STREET ADDRESS	1501 E 10 AVE		
CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE	VPT		
NAME	LAZARUS, KIRK		
STREET ADDRESS	1501 E 10 AVE		
CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE	VP		
NAME	LAZARUS, GORDON		
STREET ADDRESS	1501 E 10 AVE		
CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE	VP		
NAME	LAZARUS, MATTHEW		
STREET ADDRESS	1501 E 10 AVE		
CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE	VPS		
NAME	LAZARUS, BRENDA		
STREET ADDRESS	1501 E 10 AVE		
CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		4/7/06 305-371-9213	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUDOLPH LAZARUS, PRESIDENT		Date Daytime Phone #	