

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006043

Entity Name: ASHFORD.COM, INC.

FILED
Feb 02, 2005
Secretary of State

Current Principal Place of Business:

14001 NW 4TH ST.
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

14001 NW 4TH ST.
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 57-1140131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
29TH FLOOR, BANK OF AMERICA TOWER
100 S.E. 2ND ST.
MIAMI, FL 33132130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LIPTON, ALAN
Address: 14001 NW 4TH ST.
City-St-Zip: SUNRISE, FL 33325

Title: DVP () Delete
Name: KORNBLUM, JEFFREY
Address: 14001 NW 4TH ST.
City-St-Zip: SUNRISE, FL 33325

Title: DAST () Delete
Name: KORNBLUM, AMERISA
Address: 14001 NW 4TH ST.
City-St-Zip: SUNRISE, FL 33325

Title: VPS () Delete
Name: ARRASCAETA, GRACE
Address: 14001 NW 4TH ST.
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCE (X) Change () Addition
Name: LIPTON, ALAN
Address: 14001 NW 4TH ST.
City-St-Zip: SUNRISE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE ARRASCAETA

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02/02/2005

Electronic Signature of Signing Officer or Director

Date