


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90041 025 ****61.25

DOCUMENT # N00000005881			
1. Entity Name ASHLEY INTERNATIONAL TRADE CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3705 NW 115 AVENUE MIAMI, FL 33178		Mailing Address 3155 NW 82 AVENUE SUITE 101 MIAMI, FL 33122	
2. Principal Place of Business		3. Mailing Address PO Box 228055	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. M. Palacios	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
		33122	USA



03082004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1055119		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		7. Name and Address of New Registered Agent	
THE DORAN JASON GROUP OF FLORIDA 3155 NW 82 AVENUE SUITE #101 MIAMI, FL 33122		Name <u>MP Property Management</u> Street Address (P.O. Box Number is Not Acceptable) <u>3575 West 72 St</u> City <u>Hialeah</u> FL Zip Code <u>33018</u>	

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 Myriam J. Palacios DATE 9-8-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNIG, ROBERT R 3705 NW 115 AVENUE #4 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSOTIA, KAIZAD 3705 NW 115 AVENUE #5 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, YOLANDA 3705 NW 115 AVENUE #8 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIRO, CLAUDIO 3705 NW 115 AVENUE #6-7 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TARUD, FRANCISCO 3705 NW 115 AVENUE #2 MIAMI, FL 33178 <input type="checkbox"/> Delete	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"/> Delete	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 617, 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: CAUN DATE 3-8-2004 DAYTIME PHONE # 305 8280055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR