


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90090 014 \*\*\*158.75

<b>DOCUMENT # P00000113773</b>	
1. Entity Name <b>THE ASHVINS GROUP, INCORPORATED</b>	

Principal Place of Business <b>8390 N.W. 53RD ST. SUITE 200 MIAMI, FL 33166</b>	Mailing Address <b>8390 N.W. 53RD ST. SUITE 200 MIAMI, FL 33166</b>
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**00005457**

2. Principal Place of Business <b>6161 Blue Lagoon Dr Suite, Apt. #, etc. Suite 340</b>	3. Mailing Address <b>6161 Blue Lagoon Dr Suite, Apt. #, etc. Suite 340</b>
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City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33126</b>	Country <b>Miami-Dade</b>




01192005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>HILT, MARTHA LYNN #801, 90 MERIDIAN AVENUE MIAMI, FL 33139</b>	
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4. FEI Number <b>65-1067893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>90 Alton Road, #801</b>	
City <b>FL</b>	Zip Code

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 	<b>M. LYNN HILT Pres/CEO 1/19/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HILT, MARTHA LYNN</b>		NAME	
STREET ADDRESS <b>#801, 90 ALTON ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33139</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEEKS, TERRY A</b>		NAME	
STREET ADDRESS <b>#1446, 1500 BAY ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33139</b>		CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERLIN, JAMES R</b>		NAME	
STREET ADDRESS <b>1436 CANTORIA AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33146</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOYD, IVETTE</b>		NAME	
STREET ADDRESS <b>8451 S.W. 27 LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33155</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARTURO, KOZEL</b>		NAME	
STREET ADDRESS <b>1771 N.W. 106 TERR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES, FL 33026</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUTCHINGS, CHARLES J</b>		NAME	
STREET ADDRESS <b>1120 QUAIL AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI SPRINGS, FL 33166</b>		CITY-ST-ZIP	

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: 	<b>M LYNN HILT, Pres/CEO 1/19/05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	Daytime Phone # <b>305-264-4442 x13</b>