

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113773

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE ASHVINS GROUP, INCORPORATED

**Current Principal Place of Business:**

6161 BLUE LAGOON DR  
SUITE 340  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

6161 BLUE LAGOON DR  
SUITE 340  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 65-1067893      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HILT, MARTHA LYNN  
6161 BLUE LAGOON DR, # 340  
MIAMI, FL 33126 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: HILT, MARTHA LYNN  
Address: 6161 BLUE LAGOON DR, # 340  
City-St-Zip: MIAMI, FL 33126

Title: SD  
Name: WEEKS, TERRY A  
Address: 6161 BLUE LAGOON DR, # 340  
City-St-Zip: MIAMI, FL 33126

Title: DCFO  
Name: BERLIN, JAMES R  
Address: 6161 BLUE LAGOON DR., #340  
City-St-Zip: MIAMI, FL 33126

Title: D  
Name: BOYD, IVETTE  
Address: 6161 BLUE LAGOON DR. #340  
City-St-Zip: MIAMI, FL 33126

Title: D  
Name: HUTCHINGS, CHARLES J  
Address: 6161 BLUE LAGOON DR, # 340  
City-St-Zip: MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. BERLIN

DCFO

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date