

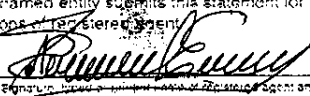
FILED
Apr 29, 2004 8:00 am
Secretary of State

FROM : Corpotax

PHONE NO. : 3054417

04-29-2004 90225 027 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

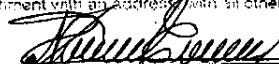
DOCUMENT # P01000111797					
1. Entity Name ASHLEY BOUTIQUE, CORP.					
Principal Place of Business 15102 SW 72ND ST MIAMI, FL 33193			Mailing Address 15102 SW 72ND ST MIAMI, FL 33193		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 65-1155606				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESCOBAR, NELSY 15102 SW 72ND ST MIAMI, FL 33193			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 the registered agent.					
SIGNATURE 		NELSY ESCOBAR		4-26-04	
(NOTE: Registered Agent signature required when replacing)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ESCOBAR, NELSY		NAME		
STREET ADDRESS	15102 SW 72ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	LERMA, DIANA A		NAME		
STREET ADDRESS	15102 SW 72ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

94071374



04262004 Chg-P CR2E034 (10/03)

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 another like empowered.

SIGNATURE:  **4-26-04 (305) 752-6797**