

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90450 011 ***150.00

40071190



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 14-1860468 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P02000113032
1. Entity Name
ASH INTERNATIONAL, CORP.



Principal Place of Business 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323
Mailing Address 1580 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323

2. Principal Place of Business 2543 NW 49th Terrace Suite, Apt. #, etc.
3. Mailing Address 2543 NW 49th Terrace Suite, Apt. #, etc.

City & State Coconut Creek Zip 33063 Country USA
City & State Coconut Creek Zip 33063 Country USA

6. Name and Address of Current Registered Agent
SCAVO, VICTOR M
1580 SAWGRASS CORPORATE PKWY
STE 130
SUNRISE, FL 33323

7. Name and Address of New Registered Agent
Name SCAVO, VICTOR M.
Street Address (P.O. Box Number is Not Acceptable) 2543 NW 49th Terrace
City Coconut Creek, FL Zip 33063

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 *[Signature]* VICTOR SCAVO - DIRECTOR 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D	SCAVO, VICTOR	TITLE D	SCAVO, VICTOR
NAME	SCAVO, VICTOR	NAME	SCAVO, VICTOR
STREET ADDRESS	1400 NW 110TH AVE #414	STREET ADDRESS	2543 NW 49TH TERRACE
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE D	HERNANDEZ, DORIS	TITLE D	HERNANDEZ, DORIS
NAME	HERNANDEZ, DORIS	NAME	HERNANDEZ, DORIS
STREET ADDRESS	1400 NW 110TH AVE #414	STREET ADDRESS	2543 NW 49TH TERRACE
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *[Signature]* VICTOR SCAVO - DIRECTOR 4/27/05 (954) 323-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #