## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000015379

Entity Name: ASHE, INC.

FILED Apr 29, 2005 Secretary of State

Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
9130 S. D. SUITE # 1 MIAMI, FL		VD.				
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
9130 S. D. SUITE # 1 MIAMI, FL		VD.				
FEI Number	: 27-0046671	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SUITE # 1 MIAMI, FL	ADELAND BLY 504 33156 US		ournoso of changing i	ts registered	d office or registered agent, or both	
	e of Florida.	submits this statement for the p	purpose of changing f	is registered	d office or registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( RODRIGUEZ, 1220 WEST 6: HIALEAH, FL	3RD STREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( GUZMAN, PAU 7733 SW 94TH MIAMI, FL 33	H LANE	Title: Name: Address: City-St-Zip:	VD GUZMAN, PA 9330 SW 83 MIAMI, FL 3	STREET	
Title: Name: Address: City-St-Zip:	HANNA, NICOL	H AVE., APT. 930	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VD HANNA, REA 8600 SW 67 MIAMI, FL 3	TH AVE., APT. 930	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAULINE GUZMAN VD 04/29/2005