2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000026550 1. Entity Name 04 JUN 29 MII: 18 ASHAN TRADING CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7435 N.W. 57TH ST. 7435 N.W. 57TH ST. TAMARAC, FL 33319 TAMARAC, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 92-City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent * PITTER, CARL S Street Address (P.O. Box Number is Not Acceptable) 7435 N.W. 57TH ST. TAMARAC, FL 33319 City 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 SIGNATURE Significate, typed or printed name of registered agent and title it applicable. (NQTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD HILL Delete TIFLE Change ☐ Addition MARAGH, ANDREA NAME NAME STREET ADDRESS 7435 N.W. 57TH ST. STREET ADDRESS TAMARAC, FL 33319 CHY-SI-ZIP CITY-ST-ZIP TITLE Oetete TITLE ☐ Change Addition NAME MARAGH, WENDY NAME STREET ADDRESS STREET ADDRESS 7435 N.W. 57TH ST. CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL 33319 TITLE Delete TITLE Change □ Addition GUYAH, VERONICA NAME HAME STREET ADDRESS 7435 N.W. 57TH ST. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL 33319 TITLE Delete TITLE Change ☐ Addition DIRECTOR NAME NAME CARL S. PITTÈR STREET ADDRESS STREET ADDRESS CITY-S1-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 suppliemental 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 cohoration 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. CARL S. PITTER 04/27/2004 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayume Phone *