


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90161 006 ***150.00

DOCUMENT # P04000033050 1. Entity Name AUSHEA PRODUCTS, INC.					
Principal Place of Business 2981 NW 166 ST MIAMI, FL 33054			Mailing Address P.O. BOX 541375 MIAMI, FL 33054		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, ALGERON J 2981 NW 166 ST MIAMI, FL 33054			Name ALGERNON J. MOORE JR. Street Address (P.O. Box Number is Not Acceptable) 2981 NW 166th STREET City MIAMI FL Zip Code 33054		
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 <u><i>Algermon J Moore</i></u> 04-22-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILFORT, ALIX 20820 NW 7 AVE #201 MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALGERNON J. MOORE JR. 2981 NW 166th STREET MIAMI, FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, LIVINGSTON S 9711 SW 14 CT PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALIX MILFORT 20820 NW 7th Ave, Apt 201 MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ALGERON J 2981 NW 166 ST MIAMI, FL 33054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LIVINGSTON S. BURT 20820 NW 14th STREET PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER COSONGIE S. MOORE 2981 NW 166th STREET MIAMI, FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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, 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: <u><i>Algermon J Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-22-05 305-625-9894 <small>Date Daytime Phone #</small>		