## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2006 8:00 am Secretary of State

305-888-8489

Date

DOCUMENT # P04000114628  1. Entity Name ASH & AYS CORP.						01-27-2	006 90032 (	)43 ***15 	50.00
Principal Place 4440 NW 73 MIAI, FL 331	AVE CCS 5279	Mailing Address 4440 NW 73 AVE CCS 5279 MIAI, FL 33166			5 MW 110 <b>T</b> 1 ((1	8411) 21 <b>4</b> 21 SZIN 84	iik BB:Ti ifDAL118(1 BI	<b>-</b>	
2. Principal P		3. Mailing Address  1000 NW 30 ST  Suite, Apt. #, etc.							
SUITE City & State	104 CCS 5279	STE 104 CES 5279 City & State MIAMI. FL.		-	4. FEI Number 20-169		CRZEU		oplied For
Zip 3317L	Country USA	Zip 3317~	Country U.S.A		5. Certificate	of Status Desir	eo 🗆	\$8.75 Add Fee Required	ditional
6. Name and Address of Current Registered Agent  RODRIGUEZ, FELIPE J  4440 NW 73 AVE CCS 5279  MIAI, FL 33166				7. Name and Address of New Registered Agent  Name Bianco Felipe C.  Street Address (P.O. Box Number is Not Acceptable)  11010 NW 30 ST.  Suite 104 CCS 1279					
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 FEIGE GIADS (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing									
			11.		ADDITIONS	CHANGES TO	OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	S BLANCO, FELIPE J 4440 NW 73 AVE CCS 5279 MIAI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	110	12 NW PE	30 ST	Ste 104 )>	Ø Change Ces	□ Addition √レフタ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, PABLO R 318 W. 14 ST. HIALEAH, FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BlA		PE J. 30 ST	Ste lot	⊠ Change ≥es √	□ Addilion
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
I of the co	Certify that the information supplied with the on this report of supplemental report is reporation or the receiver of trustee emporation or an attachment with an address.	ownered to execute this report a	the exemptions y signature shall is required by Ch	contained have the napter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statu ct as if made ur es; and that my	tes. I further cer nder oath; that I name appears	tify that the in am an officer in Block 10 o	information r or director or Block 11 if

RED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR