## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P96000015497

. Entity Name

ASTON & ASSOCIATES MANAGEMENT COMPANY



FILED
Feb 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

10165 NW 19TH ST MIAMI, FL 33172 Mailing Address

10165 NW 19TH ST MIAMI, FL 33172



01202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0649071

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 NW 19TH ST MIAMI, FL 33172

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	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signatur	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		\$5.00 May Be Added to Fees	U0000 <b>0</b> 063877
10.	OFFICERS AND DIREC	CTORS			02/23/04-801/9-009 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP EASTON, EDWARD W 10165 NW 19TH ST MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 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 oddress, with all other like empowered.

SIGNATURE:

EDWARD W. EASTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

306-593.2222

Daytime Phone #