2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024544

City-St-Zip:

MIAMI, FL 33175

FILED Jan 18, 2006 Secretary of State

DOCON	ILINI# I J	0000027077		Secretary of State	
Entity Na	me: ASHLE	Y SHOPPING CENTER, INC.			
-		·			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2510 SW 8	87 AVE.				
MIAMI, FL	33165				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2510 SW 8 MIAMI, FL					
FEI Number	: 65-0978906	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LUIS-SUAREZ, ARMANDO			SUAREZ ARMANDO, I	SUAREZ ARMANDO, LUIS	
11845 SW 46TH ST MIAMI, FL 33175 US			11845 SW 46TH ST MIAMI, FL 33175 US		
1411/ 11411, 1 =	00110		1711/ 1711, 1 2 33 1 1 3	9	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ARMANDO L SUAREZ				01/18/2006	
		onic Signature of Registered Ag	ent	Date	
Election Car		ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D () Delete	Title:	() Change () Addition	
Name:	SUAREZ, FEÌ	LIX A	Name:		
Address:	9950 SW 37T		Address:		
City-St-Zip:	MIAMI, FL 33	3165	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	SUAREZ, PIL	AR	Name:		
Address:	9950 SW 37T		Address:		
City-St-Zip:	MIAMI, FL 33	3165	City-St-Zip:		
Title:	Р () Delete	Title:	() Change () Addition	
Name:	SUAREZ, ARI	MANDO L	Name:		
Address:	11845 SW 46	STH ST	Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: ARMANDO L SUIAREZ PRES 01/18/2006