2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

06-27-2005 90003 010 ***158.75
08-09-2005 90003 026 ***391.25

DOCUMENT # P98000033583

1. Entity Name
ASHLEY PAINT, CORP

Principal Place of Business	Mailing Address
7105 SW 8TH STREET SUITE 308 MIAMI, FL 33144	7105 SW 8TH STREET SUITE 308 MIAMI, FL 33144

00000722

05202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7105 SW 8 Street		7105 S.W 8 Street	
Suite, Apt. #, etc.: Suite 308		Suite, Apt. #, etc.: Suite 308	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33144	Country	Zip: 33144	Country

4. FEI Number: 65-0837090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LLUVERES, MARINO
7105 SW 8TH STREET
SUITE 308
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: MARINO Lluveres
Street Address (P.O. Box Number is Not Acceptable): 9580 S.W 1 Street
City: Miami FL Zip Code: 33174

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: [signature] DATE: 6-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD LLUVERES, MARINO 7105 SW 8TH STREET SUITE 308 MIAMI, FL 33144	☐ 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

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 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.

SIGNATURE: [signature] 6-10-05 305-267-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #