

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 033 ***150.00

DOCUMENT # S55601

1. Entity Name
ASHLEY CREATIONS INC.



Principal Place of Business
**4405 NW 28TH AVE.
BOCA RATON, FL 33434**

Mailing Address
**4405 NW 28TH AVE.
BOCA RATON, FL 33434**

50019492



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0266635

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

~~COHEN, MORRIS~~ **EDDIE COHEN**
~~4405 NW 28 AVE~~ **4405 N.W. 28 AVE.**
~~BOCA RATON, FL 33424~~ **BOCA RATON, FLA.**
33424

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 **X EDDIE COHEN**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 4/28/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, MORRIS
STREET ADDRESS	4405 NW 28TH AVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD PD
NAME	COHEN, EDDIE
STREET ADDRESS	4405 NW 28TH AVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	TD
NAME	COHEN, DAVID
STREET ADDRESS	4405 NW 28TH AVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	COHEN, JEFFREY
STREET ADDRESS	4405 NW 28TH AVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **X EDDIE COHEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
EDDIE COHEN

X 4/28/06 305-326-1924
Date Day/Time Phone #