

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68462

FILED
Apr 26, 2005
Secretary of State

Entity Name: TARA-ASHLEY OF FLORIDA, INC.

Current Principal Place of Business:

305 DAVIE BLVD
SUITE A
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

305 DAVIE BLVD
SUITE A
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

P.O. BOX 22452
FORT LAUDERDALE, FL 33335 US

FEI Number: 65-0362291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, MARGARET
305 SW 12TH ST
FT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRUZ, MARGARET
Address: 305 SW 12 ST
City-St-Zip: FT LAUDERDALE, FL 33315 US

Title: D () Delete
Name: CRUZ, MIKE
Address: 305 SW 12 ST.
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MARGARET CRUZ

D

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date