

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State



DOCUMENT # K47707			
1. Entity Name ARSAB, CORP.			
Principal Place of Business % GLORIA FLEITAS 230 S.W. TAMiami CANAL RD. MIAMI FL 33144		Mailing Address % GLORIA FLEITAS 230 S.W. TAMiami CANAL RD. MIAMI FL 33144	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLEITAS, GLORIA 230 S.W. TAMiami CANAL RD. MIAMI FL 33144		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0132779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
FLEITAS, GLORIA 230 SW TAMiami CANAL RD. MIAMI FL	<input type="checkbox"/>	U00000298653 04/11/05-80076-007 150.00	
FLEITAS, BARBARA LIZ 230 SW TAMiami CANAL RD. MIAMI FL	<input type="checkbox"/>		
FLEITAS, GEORGE ANTHONY 230 SW TAMiami CANAL RD. MIAMI FL	<input type="checkbox"/>		
FLEITAS, DANIEL J. 230 SW TAMiami CANAL RD MIAMI FL	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: *Gloria Fleitas* **4-8-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #