


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # K47707

1. Entity Name
ARSAB, CORP.



Principal Place of Business Mailing Address

% GLORIA FLEITAS % GLORIA FLEITAS
 230 S.W. TAMIAMI CANAL RD. 230 S.W. TAMIAMI CANAL RD.
 MIAMI FL 33144 MIAMI FL 33144



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc

1st MOORE CR2E034 (10/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0132779 Not Applicable

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

6. Name and Address of Current Registered Agent

FLEITAS, GLORIA
230 S.W. TAMIAMI CANAL RD.
MIAMI FL 33144

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title - applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLEITAS, GLORIA	
STREET ADDRESS	230 SW TAMIAMI CANAL RD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEITAS, BARBARA LIZ	
STREET ADDRESS	230 SW TAMIAMI CANAL RD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEITAS, GEORGE ANTHONY	
STREET ADDRESS	230 SW TAMIAMI CANAL RD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEITAS, DANIEL J.	
STREET ADDRESS	230 SW TAMIAMI CANAL RD	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000713415	
CITY-STATE-ZIP	04/26/07-80088-015 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gloria Fleitas*