

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47707

Entity Name: ARSAB, CORP.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

188 STEEPLECHASE CIR
SANFORD, FL 32771 US

Current Mailing Address:

POB 950182
LAKE MARY, FL 32795

New Mailing Address:

PO BOX 950182
LAKE MARY, FL 32795 US

FEI Number: 65-0132779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, BARBARA L
188 STEEPLECHASE CIR
SANFORD, FL 32771 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: FLEITAS, GLORIA
Address: 230 SW TAMIAMI CANAL RD.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: RODRIGUEZ, BARBARA LIZ
Address: 188 STEEPLECHASE CIR
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: FLEITAS, GEORGE ANTHONY
Address: 230 SW TAMIAMI CANAL RD.
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: FLEITAS, DANIEL J.
Address: 230 SW TAMIAMI CANAL RD
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RODRIGUEZ, BARBARA L
Address: 188 STEEPLECHASE CIR
City-St-Zip: SANFORD, FL 32771 US

Title: D (X) Change () Addition
Name: FLEITAS, GEORGE A
Address: 230 SW TAMIAMI CANAL RD
City-St-Zip: MIAMI, FL 33144 US

Title: D (X) Change () Addition
Name: FLEITAS, DANIEL J
Address: 230 SW TAMIAMI CANAL RD.
City-St-Zip: MIAMI, FL 33144 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA L RODRIGUEZ

D

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date