


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000090437
 1. Entity Name
3AR INDUSTRIAL SUPPLIES, CORP



Principal Place of Business 5583 NW 72 AVE 6 MIAMI, FL 33166	Mailing Address 1127 FAIRLAKE TRACE 2107 WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3064625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
LATIN NETWORK CONSULTANTS, INC
2853 EXECUTIVE PARK DRIVE
201
WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000877473
 04/14/08-80015-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE P	LEON, ALLCETH 1127 FAIRLAKE TRACE #2107 WESTON, FL 33326
TITLE S	LEON, ASBELY 1127 FAIRLAKE TRACE #2107 WESTON, FL 33326
TITLE T	LEON, ANYSBETH 1127 FAIRLAKE TRACE #2107 WESTON, FL 33326
TITLE VP	LEON, ROMULO 1127 FAIRLAKE TRACE #2107 WESTON, FL 33326
TITLE NAME	
TITLE NAME	

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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:  **1/2/08** **786-285-2020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #