


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90295 017 \*\*\*150.00

**DOCUMENT # P99000094366**

1. Entity Name  
**A & R SALES INC.**



Principal Place of Business  
**7241 PROVIDENCE ROAD  
 BOYNTON BEACH, FL 33462-5641**

Mailing Address  
**7241 PROVIDENCE ROAD  
 BOYNTON BEACH, FL 33462-5641**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

02182004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0959010** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KIESLING, ROBERT  
 210 CHAPEWA SQUARE  
 BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent  
 Name  
**Anthony Savoia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7241 Providence Rd**  
 City  
**Boynton Beach** FL Zip Code  
**33436**

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: *Anthony Savoia* DATE: 4/8/04

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVOIA, ANTHONY 7241 PROVIDENCE ROAD BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Anthony Savoia* ANTHONY SAVOIA 4/8/04 561-963-4804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #