

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000086

Entity Name: ARESSCO SERVICES, INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

12904 SW 133 CT
MIAMI, FL 33186

New Principal Place of Business:

16115 SW 117 AVENUE
SUITE 26A
MIAMI, FL 33177

Current Mailing Address:

12904 SW 133 CT
MIAMI, FL 33186

New Mailing Address:

16115 SW 117 AVENUE
SUITE 26A
MIAMI, FL 33177

FEI Number: 65-0719515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIMMEL, ROBERT L
3191 CORAL WAY PH-2
MIAMI, FL 33145 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: PTD () Delete
Name: RICHTER, DONALD
Address: 12450 SW 68 CT
City-St-Zip: MIAMI, FL 33156

Title: VSD () Delete
Name: FORRISTALL, MATTHEW
Address: 18420 SW 244 ST
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW FORRISTALL

VP

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date