## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jul 14, 2005 8:00 am Secretary of State

786-256-0436 Daytime Phone #

DOCUMENT # P04000160001  1. Entity Name A & R.COM HOME INVESTMENT INC							07-14-2005 90076 008 ***150.00			
Principal Place of Business 7601 E. TREASURE DRIVE 514 NORTH BAY VILLAGE, FL 33141			514	7601 E. TREASURE DRIVE					1 MAIRE II IEE	
2. Principal Place of Business  7601 E. Treasure Drive Suite, Apt. #, etc.			Suite, Apt. #, etc.	7601 E. Treasure Drive Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03	, paisai ii 1951	
PH115 City & State North Bay Village, Florida			PH115 City & State da North Bay	City & State			6147	07.00	Applied For Not Applicable	
Zip 33141	Country USA  6. Name and Address of Current F		Zip 33141	Cour	ntry SA		of Status Desired	\$8.75 A Fee Requi	additional ired	
NAKASH.		dile neuroca yi ya	ii negisterea Agent	Name			7. Name and Address of New Registered Agent Nakash, Yeniv			
7601 E. TF		DRIVE					P.O. Box Number is Not Acceptable)  Treasure Drive			
514 NORTH BA	AY VILLAC	GE, FL 33141		PH115			THE DITTO			
City						th Bay Vil		FL 3339		
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 reinstating)										
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Fin Trust Fund Contribution						\$5.00 May Be Added to Fees	corporation did	with s. 607.193(2)(b d not receive the prio	or notice.	
10.	VP	OFFICERS AN	D DIRECTORS  Delete	11. TITL		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO		
NAME STREET ADDRESS CITY-ST-ZIP	NAKASH, 7601 E. TI NORTH B	, YENIV REASURE DRIVE, PI BAY VILLAGE, FL 331	H 115	NAM STRI			· ·	☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ILAN REASURE DRIVE #8. BAY VILLAGE, FL 331	-•					☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		l l			☐ Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					Change	B —— Addition-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLI NAM STRE CITY	LE AE EET ADDRESS Y-ST-ZIP			☐ Change		
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.										

Ilan Assulin-President

SIGNATURE: