

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000017950

**Entity Name:** AAR CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

415 E PINE ST  
UNIT: PHV  
ORLANDO, FL 32801-6630

**FILED**  
**Dec 05, 2014**  
**Secretary of State**  
**CC1534803552**

**Current Mailing Address:**

415 E PINE ST  
C/O A. ELDIRAWI UNIT: PHV  
ORLANDO, FL 32801-6630 US

**FEI Number: 20-8410531**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KASHMIRI, RAFIAH  
16650 ROYAL PALM DR.  
GROVELAND, FL 34736 US

*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

**Officer/Director Detail :**

Title PVST  
Name KASHMIRI, RAFIAH  
Address 16650 ROYAL PALM DR.  
City-State-Zip: GROVELAND FL 34736

Title D  
Name KASHMIRI, RAFIAH  
Address 16650 ROYAL PALM DR.  
City-State-Zip: GROVELAND FL 34736

Title D  
Name ELDIRAWI, AHMED  
Address 16650 ROYAL PALM DR.  
City-State-Zip: GROVELAND FL 34736

*I hereby 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 all other like empowered.*

**SIGNATURE: RAFIAH KASHMIRI**

**PVST**

**12/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date