

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003368

FILED
Apr 06, 2004
Secretary of State

Entity Name: AMERICAN RECOVERY SPECIALISTS OF BOSTON, INC.

Current Principal Place of Business:

PO BOX 22991
FORT LAUDERDALE, FL 33335

New Principal Place of Business:

Current Mailing Address:

PO BOX 22991
FORT LAUDERDALE, FL 33335

New Mailing Address:

FEI Number: 65-0414090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, HARRY M
3143 ARBOR LANE
HOLLYWOOD, FL 33021 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: PC () Delete
Name: MULIOLIS, RONALD M
Address: 4041 N.E. 31ST AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: SAMUELS, HARRY M
Address: 3143 ARBOR LANE
City-St-Zip: HOLLYWOOD, FL 33021

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: RONALD MULIOLIS

PC

04/06/2004

Electronic Signature of Signing Officer or Director

Date