

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90006 043 ***150.00

DOCUMENT # F02000003368

1. Entity Name
AMERICAN RECOVERY SPECIALISTS OF BOSTON, INC.



Principal Place of Business
**PO BOX 50071
LIGHTHOUSE POINT, FL 33074**

Mailing Address
**PO BOX 50071
LIGHTHOUSE POINT, FL 33074**

400071000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0414090

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUELS, HARRY M
3143 ARBOR LANE
HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)
2901 STIRLING ROAD

307

City **FT LAUDERDALE**

FL

Zip Code
33312

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

DATE

2/26/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PD
MULIOLIS, RONALD M
4041 N.E. 31ST AVENUE
LIGHTHOUSE POINT, FL 33064**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PID
KEYS, RONALD M
4041 N.E. 31ST AVENUE
LIGHTHOUSE POINT, FL 33064**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAMUELS, HARRY M
3143 ARBOR LANE
HOLLYWOOD, FL 33021**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAMUELS, HARRY M
2901 STIRLING ROAD # 307
FT LAUDERDALE, FL 33312**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/06

954-941-3880