

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90003 049 ***550.00

DOCUMENT # F05000004270

1. Entity Name
A & R CONVERSIONS LTD, INC.



Principal Place of Business
**13790 NW 4TH STREET, SUITE 111
SUNRISE, FL 33325**

Mailing Address
**13790 NW 4TH STREET, SUITE 111
SUNRISE, FL 33325**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
7450 GRIFFIN Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 210

City & State

City & State
DAVIE, FL

Zip

Country

Zip

33314

Country

Broward

08312007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2992370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZARATSKY, LOUIS D
555 NE 15TH STREET, SUITE 100
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JACOBSON, ADAM
13790 NW 4TH STREET, SUITE 111
SUNRISE, FL 33325** ☐ Delete *new address*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BLAU, ROBERT
13790 NW 4TH STREET, SUITE 111
SUNRISE, FL 33325** ☐ Delete *new address*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Adam Jacobson DP ☒ Change ☐ Addition
**7450 GRIFFIN ROAD #210
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert Blau DV ☒ Change ☐ Addition
**7450 GRIFFIN ROAD #210
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 all other like empowered.

SIGNATURE:

Adam Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-07
Date

Daytime Phone #