## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000004434

Entity Name: ARS FINANCIAL SERVICES, INC.

FILED Jan 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

500 N. BROADWAY, SUITE 260 500 N. BROADWAY JERICHO, NY 11753

SUITE 260

JERICHO, NY 11753 US

**Current Mailing Address: New Mailing Address:** 

500 N. BROADWAY SUITE 260 500 N. BROADWAY, SUITE 260

JERICHO, NY 11753

JERICHO, NY 11753 US

FEI Number: 13-3223208 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

REIN, MARTIN ADMIN. REIN, MARTIN 1801 CLINT MOORE RD. 1801 CLINT MOORE RD., SUITE 109

BOCA RATON, FL 33487 SUITE 109

BOCA RATON, FL 33487 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: MARTIN REIN 01/06/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete SPATAFORE, ANTHONY R Name:

65 AVERY RD. Address:

City-St-Zip: WOODBURY, NY 11797

Title: () Delete ROSENBERG, LEE Name: 5 COBBLERS LANE Address: DIX HILLS, NY 11746 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PRFS** (X) Change ( ) Addition

SPATAFORE, ANTHONY R Name:

65 AVERY RD. Address:

City-St-Zip: WOODBURY, NY 11797 US

Title: VΡ (X) Change ( ) Addition

ROSENBERG, LEE Name: Address: 5 COBBLERS LANE DIX HILLS, NY 11746 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTHONY R. SPATAFORE **PRES** 01/06/2009