

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 034 ***150.00

50002516



01042005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # G59743 1. Entity Name A.R. & M. MANAGEMENT CORP. | | | | | |
| Principal Place of Business 951 BROKEN SAND PKWY NW STE 150 BOCA RATON, FL 33487 | | | Mailing Address 951 BROKEN SAND PKWY NW STE 150 BOCA RATON, FL 33487 | | |
| 2. Principal Place of Business 1040 SOUTH ROGERS CIRCLE Suite, Apt. #, etc. | | 3. Mailing Address 1040 SOUTH ROGERS CIRCLE Suite, Apt. #, etc. | | | |
| City & State BOCA RATON, FL | | City & State BOCA RATON, FL | | 4. FEI Number 59-2330226 | |
| Zip 33487 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, ROBERT E. 399 SENECA LANE BOCA RATON, FL 33487 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P DAVIS, ROBERT 399 SENECA LANE BOCA RATON, FL 33487 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DAVIS, MARK 801 ENFIELD ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DAVIS, MARK 801 ENFIELD ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DAVIS, ARTHUR R JR. 840 COVENTRY STREET BOCA RATON, FL 33487 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 824 GLOUCESTER STREET BOCA RATON, FL. 33487 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAVIS, ARTHUR R JR. 840 COVENTRY STREET BOCA RATON, FL 33487 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 824 GLOUCESTER STREET BOCA RATON, FL. 33487 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> U. Puro | | | Date: 1-6-05 Daytime Phone #: (561) 998-0500 | | |