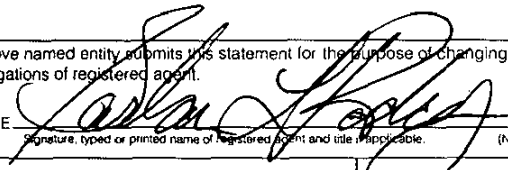
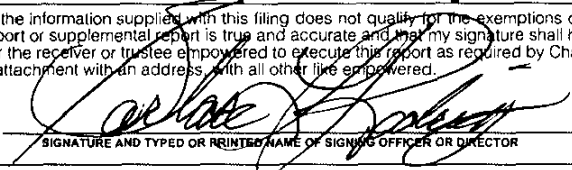


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 040 ***150.00

DOCUMENT # K47707 1. Entity Name ARSAB, CORP.					
Principal Place of Business % GLORIA FLEITAS 230 S.W. TAMIAAMI CANAL RD. MIAMI, FL 33144			Mailing Address % GLORIA FLEITAS 230 S.W. TAMIAAMI CANAL RD. MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 950182 Suite, Apt. #, etc.			
City & State Zip		City & State Lake Mary FL Zip 32795		Country U.S.	
4. FEI Number 65-0132779		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEITAS, GLORIA 230 S.W. TAMIAAMI CANAL RD. MIAMI, FL 33144			7. Name and Address of New Registered Agent Name Barbara L. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 188 Steeplechase Cir City Sanford FL Zip Code 32771		
8. The above named entity admits 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 1/15/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D FLEITAS, GLORIA 230 SW TAMIAAMI CANAL RD. MIAMI, FL	<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	D FLEITAS, BARBARA LIZ 230 SW TAMIAAMI CANAL RD. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rodriguez, Barbaraliz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 188 Steeplechase Cir Sanford FL 32771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEITAS, GEORGE ANTHONY 230 SW TAMIAAMI CANAL RD. MIAMI, FL	<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	D FLEITAS, DANIEL J. 230 SW TAMIAAMI CANAL RD MIAMI, FL	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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 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: 			DATE 1/15/08 DAYTIME PHONE # 407.3305215		