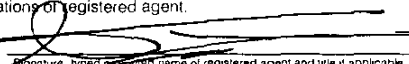
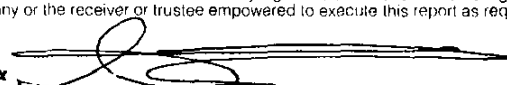


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90113 046 ****50.00

DOCUMENT # L03000018744 1. Entity Name A & R PROFESSIONAL SOLUTION LLC					
Principal Place of Business 15970 W STATE RD 84 214 SUNRISE, FL 33326			Mailing Address 15970 W STATE RD 84 214 SUNRISE, FL 33326		
2. Principal Place of Business - No P.O. Box # 965 N. NOB HILL Rd.		3. Mailing Address 965 N. NOB HILL Rd.			
Suite, Apt. #, etc. 224		Suite, Apt. #, etc. 224			
City & State PLANTATION FL		City & State PLANTATION FL			
Zip 33324		Country USA		Zip 33324	
Country USA		4. FEI Number 73-1668969			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MARIA RODRIGUEZ, ANTONIO 15970 W SR 84 STE. 214 SUNRISE, FL 33326			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: 2/5/07 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIA/RODRIGUEZ, ANTONIO 15970 W STATE RD. 84, SUITE 214 SUNRISE, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIA/RODRIGUEZ, ANTONIO 965 N NOB HILL Rd # 224 PLANTATION FL 33324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARMIENTO, MARIA R 15970 W STATE RD. 84, SUITE 214 SUNRISE, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIA/RODRIGUEZ, ANTONIO 965 N NOB HILL Rd. # 224 PLANTATION FL 33324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			DATE: 2/5/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					