

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90301 025 \*\*\*158.75

**DOCUMENT # P00000029944**

1. Entity Name

ARS COLLECTION SERVICES, INC.



Principal Place of Business Mailing Address  
175 FOUNTAINBLEAU BLVD., 1-P3 175 FOUNTAINBLEAU BLVD., 1-P3  
MIAMI FL 33172 MIAMI FL 33172

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0993338

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABKARIAN, JORGE  
175 FOUNTAINBLEAU BLVD 1D-3  
MIAMI FL 33172

Name PEDRO M ALFONSO  
Street Address (P.O. Box Number is Not Acceptable)  
175 FOUNTAINBLEAU BLVD 1-P3  
City MIAMI FL Zip Code 33172

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

PEDRO M ALFONSO

X

(NOTE: Registered Agent signature required when reinstating)

4/21/04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ABKARIAN, JORGE  
STREET ADDRESS 175 FOUNTAINBLEAU BLVD 1D-3  
CITY-ST-ZIP MIAMI FL 33172

TITLE USLE PRESIDENTE  
NAME PEDRO ALFONSO  
STREET ADDRESS 175 FOUNTAINBLEAU BLVD 1P-3  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

PEDRO M ALFONSO V/PRESIDENT

4/21/04 (305) 229-4121

Date

Daytime Phone #