2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMENT # P00000029944 1. Entity Name 05-03-2005 90108 014 ***150.00 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. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0993338 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABKARIAU ALFONSO, PEDRO M 175 FOUNTAINBLEAU BLVD 1-P3 **MIAMI FL 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE DREP ABKARIAN Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent sig FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete Addition NAME ABKARIAN, JORGE NAME STREET ADDRESS 175 FOUNTAINBLEAU BLVD 1D-3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP VΡ TITLE Delete THILE **C**hange ■ Addition ALFORTO PRORU 175. FOUNTAINAMED 103 min, KL 33172 ALFONSO, PEDRO NAME NAME STREET ADDRESS 175 FOUNTAINEBLEAU 1P-3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: