2006 FOR PROFIT CORPORATION

FILED May 01, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P00000029944 1. Entity Name 05-01-2006 90437 037 ***150.00 ARS COLLECTION SERVICES, INC. Principal Place of Business Mailing Address 175 FOUNTAINBLEAU BLVD., 1-P3 175 FOUNTAINBLEAU BLVD., 1-P3 20041988 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address 175-FOUNTAINORBUN BLVO Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 Chg-P CR2E034 (11/05) City & State City & State · 4. FEI Number Applied For MIAMI 65-0993338 Not Applicable Country DAde Zip 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 ABKARIAN, JORGE 175 FOUNTAINBLEAU BLVD 1-P3 MIAMI, FL 33172 8. The above named entry 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Р Change TITLE Delete TITLE Addition ABKARIAN MERCEDES ABKARIAN, JORGE NAME NAME STREET ADDRESS 175 FOUNTAINBLEAU BLVD 1D-3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP VΡ TITLE Delete TITLE Change Change ☐ Addition ABKARIAN GEORGE NAME ALFOASO, PEDRO NAME STREET ADDRESS 175 FOUNTAINEBLEAU 1P-3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Change Delete TITLE Addition

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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GOOPGP ABLANIAN 4/20/00 786.287->566