




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90010 010 \*\*\*150.00

<b>DOCUMENT # P00000032976</b> 1. Entity Name <b>A &amp; R SERVICES ENTERPRISES, INC.</b>					
Principal Place of Business <b>1149 SANDESTIN WAY ORLANDO, FL 32824</b>			Mailing Address <b>1149 SANDESTIN WAY ORLANDO, FL 32824</b>		
2. Principal Place of Business <b>1952 The OAKS Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1952 The OAKS Blvd</b> Suite, Apt. #, etc.			
City & State <b>Kissimmee, FL</b>		City & State <b>Kissimmee, FL</b>		4. FEI Number <b>59-3637242</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34746</b>		Country <b>Osceola</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AVILA, LUIS 1149 SANDESTIN WAY ORLANDO, FL 32824</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1952 The OAKS Blvd</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34746</b>		
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: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>AVILA, LUIS</b> STREET ADDRESS <b>1952 THE OAKS BLVD</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Delete		TITLE <b>1952 The OAKS Blvd</b> NAME <b>Kissimmee, FL</b> STREET ADDRESS <b>34746</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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		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		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 exemption stated in Section 119.07(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.					
<b>SIGNATURE:</b> 			<b>LUIS V. AVILA</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3-1-04</b> Daytime Phone # <b>321 662 2447</b>		