


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90190 047 \*\*\*150.00

<b>DOCUMENT # P01000068110</b> 1. Entity Name <b>A.R. WHOLESALERS, INC.</b>					
Principal Place of Business <b>8740 N SHERMAN CIR APT #308 MIRAMAR, FL 33025</b>			Mailing Address <b>8740 N SHERMAN CIR APT #308 MIRAMAR, FL 33025</b>		
2. Principal Place of Business <b>4060 W. Silverado Circle</b> Suite, Apt. #, etc.			3. Mailing Address <b>4060 W. Silverado Circle</b> Suite, Apt. #, etc.		
City & State <b>DAVIE FL</b>		City & State <b>DAVIE FL</b>		4. FEI Number <b>65-1123446</b>	
Zip <b>33024</b>		Country <b>US</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>ALAM, MOHAMMED F 8740 N SHERMAN CIR APT #308 MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4060 W. Silverado Circle</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33024</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 <u>Mohammed Alam</u> DATE <u>4-28-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAM, MOHAMMED F 8740 N SHERMAN CIR APT #308 MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4060 W. Silverado Circle Davie FL 33024</b>	<input checked="" 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	<b>VP, D MUHERIN MOSSA 7151 HOOD STREET HOLLYWOOD FL 33024</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ABU M. RAHMAN 3107 Madison Drive Atlanta GA 30346</b>	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u>Mohammed Alam</u> President <u>4-28-05</u> <u>954-478-2563</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <u>Mohammed F. Alam</u>					

**50048604**



04282005 Chg-P CR2E034 (10/03)