


**2007 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000068110</b> 1. Entity Name A.R. WHOLESALERS, INC.	
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Principal Place of Business 4060 W. SILVERADO CIR HOLLYWOOD, FL 33024	Mailing Address 4060 W. SILVERADO CIR HOLLYWOOD, FL 33024
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02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1123446	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  ALAM, MOHAMMED F 4060 W. SILVERADO CIR DAVIE, FL 33024
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAM, MOHAMMED F 4060 W. SILVERADO CIR DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSSA, MUHEDIN 7151 HOOD ST HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAHMAN, ABU M 3107 MADISSON DR ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/07-80022-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 with an address, with all other like empowered.

SIGNATURE: Mohammed F. Alam Pres. 3/9/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mohammed F. ALAM