2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000047768

1. Entity Name
AMERICAN RESCUE TRUST, INC.

Principal Place of Business	Mailing Address
2637 EAST ATLANTIC BOULEVARD #126 POMPANO BEACH, FL 33062	2637 EAST ATLANTIC BOULEVARD #126 POMPANO BEACH, FL 33062

01062004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1556435	Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ALEXANDER P
633 S.E. 3RD AVENUE
SUITE 301
FT. LAUDERDALE, FL 33301

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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: _____

Signature typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE 1/6/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	PULLANO, FRANK	
STREET ADDRESS	2637 EAST ATLANTIC BOULEVARD, #126	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		

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01/09/04-80019-011 150.00

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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: _____   1/6/04   95/785-8523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #