

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000113471

1. Entity Name
AR PLACE PRODUCTIONS, INC.



FILED
Apr 25, 2005 08:00 AM
Secretary of State

Principal Place of Business
8861 SUNRISE LAKES BLVD., SUITE #211
SUNRISE, FL 33322

Mailing Address
8861 SUNRISE LAKES BLVD., SUITE #211
SUNRISE, FL 33322



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3879423 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WEST, ARLEEN
STREET ADDRESS	8861 SUNRISE LAKES BLVD., SUITE #211
CITY-ST-ZIP	SUNRISE, FL 33322

000000330617
04/25/05-80167-005 150.00

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

ARLEEN WEST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 (954) 741-3932
Date Daytime Phone #