2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000122685

1. Entity Name
ARSSCA, CORP.

Principal Place of Business	Mailing Address
10773 NW 58 STREET #196 DORAL, FL 33178	10773 NW 58 STREET #196 DORAL, FL 33178

DO NOT WRITE IN THIS SPACE

02092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2304694	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA S
780 NW 42ND AVE.
SUITE 420
MIAMI, FL 33126

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000828420
02/25/08-80013-006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	SALAZAR, HEILER
STREET ADDRESS	7280 NW 114TH AVE APT. 105
CITY-ST-ZIP	DORAL, FL 33178

TITLE	GM
NAME	BELLO, ANGELIMAR
STREET ADDRESS	7280 NW 114TH AVE APT. 105
CITY-ST-ZIP	DORAL, FL 33178

TITLE	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ HEILER SALAZAR   02/09/2008 (786) 262-7156

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