

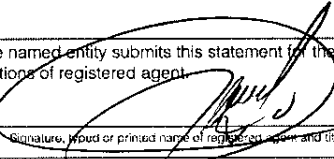
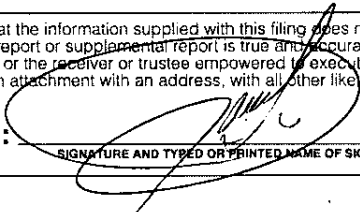


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90021 040 \*\*\*150.00

DOCUMENT # P03000063192					
<b>1. Entry Name</b> AR-BOL ENTERPRISES INC.					
<b>Principal Place of Business</b> 11483 NW 50 TERRACE MIAMI, FL 33178			<b>Mailing Address</b> 11483 NW 50 TERRACE MIAMI, FL 33178		
<b>2. Principal Place of Business</b> 3191 Coral Way Suite, Apt. #, etc. 111		<b>3. Mailing Address</b> 3191 Coral Way Suite, Apt. #, etc. 111			
City & State: Miami, FL		City & State: Miami, FL		04082004    Chg-P    CR2E034 (10/03)	
Zip: 33145    Country:		Zip: 33145    Country:		<b>4. FEI Number</b> 20-0034895	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  FUNES, JUAN 11483 NW 50 TERRACE MIAMI, FL 33178			<b>7. Name and Address of New Registered Agent</b> Name: Funes, Juan Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way, Suite 111 City: Miami    FL    Zip Code: 33145		
<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.</b> SIGNATURE:  <b>Juan Funes</b> DATE: 4/2/04 <small>(Signature, word 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</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNES, JUAN 11483 NW 50 TERRACE MIAMI, FL 33178	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.</b>					
<b>SIGNATURE:</b> 		<b>Juan Funes</b>		4/2/04    786 457-8749	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	