

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141578

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: A & R CIBER SPACE ENTERPRISE INC.

## Current Principal Place of Business:

7545 E TREASURE DR  
STE 7-D  
N BAY VILLAGE, FL 33141

## New Principal Place of Business:

## Current Mailing Address:

7545 E TREASURE DR  
STE 7-D  
N BAY VILLAGE, FL 33141

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLSON, ALEJANDRA  
7545 E TREASURE DR  
STE 7D  
N BAY VILLAGE, FL 33141 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NICHOLSON, ALEJANDRA  
Address: 7545 E TREASURE DR STE 7D  
City-St-Zip: N BAY VILLAGE, FL 33141

Title: D ( ) Delete  
Name: GONZALEZ, RODOLFO N  
Address: 7545 E TREASURE DR STE 7D  
City-St-Zip: N BAY VILLAGE, FL 33141

Title: D ( ) Delete  
Name: NICHOLSON, JOHN  
Address: 7545 E TREASURE DR STE 7D  
City-St-Zip: N BAY VILLAGE, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLSON ALEJANDRA

D

03/17/2005

Electronic Signature of Signing Officer or Director

Date