## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000154099**

1. Entity Name

AMERICAN RETAIL CONSULTING, INC.



FILED Feb 26, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3469 NE 169TH ST. NORTH MIAMI BCH, FL 33160 3469 NE 169TH ST. NORTH MIAMI BCH, FL 33160



## DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0539446

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOKROVICHTCHOUK, RODION 3469 NE 169 STREET NORTH MIAMI BEACH, FL 33160

## 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 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			03/07/07-80080-024 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SOKROVICHTCHOUK, RODION 3489 NE 169 STREET NORTH MIAMI BEACH, FL 33160				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.16.07 305-494-5595

Daytime Phone #