


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90005 034 ***150.00

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| DOCUMENT # P04000000927 | |  |
| 1. Entity Name A&R BROTHERS, INC. | | |

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| Principal Place of Business 457 S DIXIE HWY POMPANO BEACH FL 33060 | Mailing Address 457 S DIXIE HWY POMPANO BEACH FL 33060 |
|--|--|

90019007



1st MOORE CR2E034 (10/04)

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|---|---------------------------|---|---------------------------|
| 2. Principal Place of Business 457 S. Dixie Hwy | | 3. Mailing Address 457 S. Dixie Hwy | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Pompano Beach, FL | | City & State Pompano Beach, FL | |
| Zip 33309 | Country Broward | Zip 33306 | Country Broward |

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| 4. FEI Number 04-3781052 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|---|--|
| 6. Name and Address of Current Registered Agent WILDE, LEON 3452 W BOYNTON BEACH BLVD STE 10 BOYNTON BEACH FL 33436 | | 7. Name and Address of New Registered Agent Name * Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ELLIS, RAMEZ 457 S DIXIE HWY POMPANO BEACH FL 33060 <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 | VP MUFLEH, ALAA 457 S DIXIE HWY POMPANO BEACH FL 33060 <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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 address, with all other like empowered.

SIGNATURE: _____
Date **1/29/05 (954) 566-1195** Daytime Phone # _____