
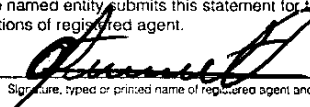
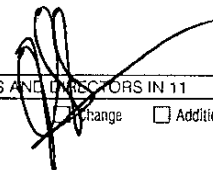
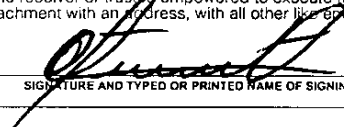


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP -2 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000036111</b> 1. Entity Name <b>A.R. PROFESSIONAL SERVICE, INC.</b>					
Principal Place of Business <b>7843 SW 40 ST MIAMI, FL 33155</b>			Mailing Address <b>7843 SW 40 ST MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>35-2226002</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, RICARDO 7843 SW 40 ST MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name <b>CASTRO, ALEJANDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7843 SW 40 ST</b> City <b>MIAMI</b> FL Zip Code <b>33155</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.  SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, RICARDO <input checked="" type="checkbox"/> Delete 7843 SW 40 ST MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTRO, ALEJANDRO <input checked="" type="checkbox"/> Delete 7843 SW 40 ST MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, ALEJANDRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7843 SW 40 ST MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUSTAFA, MARIA E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5730 SW 34 ST MIAMI, FL 33155	
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 <b>200135603292</b> <b>09/09/08--01027--011 **\$61.25</b>	
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	
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: Daytime Phone #:					