

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000036111

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** A.R. PROFESSIONAL SERVICE, INC.

**Current Principal Place of Business:**

7843 SW 40 ST  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7843 SW 40 ST  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 35-2226002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTRO, ALEJANDRO  
7843 SW 40 ST  
MIAMI, FL 33155 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CASTRO, ALEJANDRO  
Address: 7843 SW 40 ST  
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete  
Name: MUSTAFA, MARIA E  
Address: 5730 SW 34 ST  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: DEL CASTILLO, CATHERINE  
Address: 7843 SW 40 ST  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEJANDRO CASTRO

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09/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date