

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 016 ***158.75

DOCUMENT # P04000048424

1. Entity Name
AR CARRIER, INC.



Principal Place of Business
845 W 75 STREET
APT. 312
HIALEAH, FL 33014

Mailing Address
845 W 75 STREET
APT. 312
HIALEAH, FL 33014

50041185

2. Principal Place of Business
19241 NW 89 AVE
Suite, Apt. #, etc.

3. Mailing Address
19241 NW 89 AVE
Suite, Apt. #, etc.



03122005 Chg-P CR2E034 (10/03)

City & State
MIAMI FL
Zip
33018
Country

City & State
MIAMI FL
Zip
33018
Country

4. FEI Number
43-2046244
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALFONSO L JR.
845 W 75 STREET
APT. 312
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name
RODRIGUEZ, ALFONSO JR.
Street Address (P.O. Box Number is Not Acceptable)
19241 NW 89 AVE
City
MIAMI FL Zip Code
33018

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RODRIGUEZ, ALFONSO L JR.
845 W 75 STREET
HIALEAH, FL 33014 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
RODRIGUEZ, ALFONSO L JR.
19241 NW 89 AVE
MIAMI FL 33018 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-12/05 (305) 200.1567