2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 15, 2007 08:00 AN DOCUMENT # P04000048984 **Secretary of State** 1. Entity Name A. & R. EQUITY HOLDINGS INC. Principal Place of Business Mailing Address 10264 SW 129 CT 10264 SW 129 CT MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 42-1623446 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 10264 SW 129 CT MIAMI FL 33186 Zip Code 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, typud or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE ☐ Addition U00000637453 02/26/07-80061-015 150.00 RODRIGUEZ, RODOLFO T NAME 10264 SW 129 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP Deleie ☐ Cliange IIILE IIILE Addition RODRIGUEZ, AMADA R 10264 SW 129 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-7IP CHY-SI-7IP ☐ Change Addition FILE ☐ Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE NAMi' NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP ng does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this reportes required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 that I am an officer or Block 12 that the state of the execute this report of the same legal effect as if made under oath; that I am an officer or Block 11 that I am a same appears in Block 10 or Block 11 that I am a same appears in Block 11 that I am a same appears in Block 11 that I am a same appears in Block 11 that I am a same appears in Block 11 that I am a same appears in Block 11 that I am a same appears in Block 11 that I am a same appears in Block 11 12. I heroby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trusted emili changed, or on an attachment with an address

FFICER OR DIRECTOR