

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90016 050 ***158.75

DOCUMENT # P05000023882

1. Entity Name

ARA GROUP, INC.



Principal Place of Business

6600 SW 57TH AVE
SUITE 200
MIAMI FL 33143

Mailing Address

6600 SW 57TH AVE
SUITE 200
MIAMI FL 33143



2. Principal Place of Business - No P.O. Box #

1320 S. DIXIE HIGHWAY

Suite, Apt., #, etc.
SUITE 241

3. Mailing Address

1320 S. DIXIE HIGHWAY

Suite, Apt., #, etc.
SUITE 241

1st MOORE

CR2E034 (10/07)

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

20-2378016

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYER, WARREN
6600 SW 57TH AVE
SUITE 200
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name **WARREN BRYER**

Street Address (P.O. Box Number is Not Acceptable)

1320 S. DIXIE HIGHWAY

SUITE 241

City

CORAL GABLES

FL

Zip Code

33146

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

Warren Bryer

01/24/2008

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D ABRAHAM, ANTHONY R**
STREET ADDRESS **6600 SW 57TH AVE**
CITY-STATE-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D ABRAHAM, ANTHONY R.**
STREET ADDRESS **1320 S. DIXIE HIGHWAY - #241**
CITY-STATE-ZIP **CORAL GABLES, FL. 33146**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Anthony R. Abraham

01/31/2008 - 305-665-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY R. ABRAHAM

Date

Daytime Phone