

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000090437

1. Entity Name
3AR INDUSTRIAL SUPPLIES, CORP



Principal Place of Business

**5583 NW 72 AVE
6
MIAMI, FL 33166**

Mailing Address

**1127 FAIRLAKE TRACE
2107
WESTON, FL 33326**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3064625

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LATIN NETWORK CONSULTANTS, INC
2853 EXECUTIVE PARK DRIVE
201
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000877473
04/14/08-80015-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEON, ALLCETH
1127 FAIRLAKE TRACE #2107
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEON, ASBELY
1127 FAIRLAKE TRACE #2107
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LEON, ANYSBETH
1127 FAIRLAKE TRACE #2107
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEON, ROMULO
1127 FAIRLAKE TRACE #2107
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

1/7/08

Date

786-785-2020

Daytime Phone #