



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90044 007 \*\*\*158.75

<b>DOCUMENT # P05000140342</b>						
<b>1. Entity Name</b> ARSH INC						
<b>Principal Place of Business</b> <del>10730 SW 141 AVE</del> <del>MIAMI, FL 33186</del>			<b>Mailing Address</b> <del>10730 SW 141 AVE</del> <del>MIAMI, FL 33186</del>			
<b>2. Principal Place of Business</b> 2423 SW 147 AVE Suite, Apt. #, etc. #149		<b>3. Mailing Address</b> 2423 SW 147 AVE Suite, Apt. #, etc. #149		  01032006    Chg-P    CR2E034 (11/05)		
<b>City &amp; State</b> miami FL		<b>City &amp; State</b> miami FL				
<b>Zip</b> 33185		<b>Zip</b> 33185				
<b>Country</b> USA		<b>Country</b> USA				
<b>4. FEI Number</b> 20-3648658				<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  ZOLFAGHARI, ABDOLHAMID <del>10730 SW 141 AVE</del> <del>MIAMI, FL 33186</del>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2423 SW 147 AVE #149 City miami FL Zip Code 33185			
<b>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.</b> SIGNATURE: <u>A.H. Zolfaghari</u> DATE: <u>1/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLFAGHARI, ABDOLHAMID <del>10730 SW 141 AVE</del> <del>MIAMI, FL 33186</del>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2423 SW 147 AVE #149 miami, FL 33185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>						
<b>SIGNATURE:</b> <u>A.H. Zolfaghari</u> <u>ABDOLHAMID ZOLFAGHARI</u> <u>1/3/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						