## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 02, 2007 8:00 am Secretary of State DOCUMENT # P06000111575 03-02-2007 90015 002 \*\*\*150.00 3 AR SERVICES INC Principal Place of Business Mailing Address AUDMITOR 10375 SW 8 TERR 10375 SW 8 TERR MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 02262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For <u>56-263</u>5588 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 DE GUTIERREZ, ANA R Street Address (P.O. Box Number is Not Acceptable) 10375 SW 8 TERR MIAMI, FL 33174 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or crinted name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 DP Delete TITLE Change ■ Addition TITLE DE GUTIERREZ, ANA R NAME NAME STREET ADDRESS 10375 SW 8 TERR STREET ADDRESS MIAMI, FL 33174 CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAM! NAME. STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition IME Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP Delete ☐ Change ■ Addition TITLE THIE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 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 a address, with all other like empowered. SIGNATURE:

**FILED**