

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039965

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** A & R COMPUTERS AND SUPPLIES, INC.

**Current Principal Place of Business:**

2250 NW 136TH AVE.  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

2250 NW 136TH AVE.  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

8374 SW 152 AVE  
#47  
MIAMI, FL 33193

**FEI Number:** 20-8757698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOVAR, ILEANA A  
2250 NW 136TH AVE.  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** COSTA, MIRNA  
**Address:** 21972 SW 95TH PL.  
**City-St-Zip:** MIAMI, FL 33190

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** COSTA, MIRNA  
**Address:** 8374 SW 152 AVE.  
**City-St-Zip:** #47, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MIRNA COSTA

D

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date