

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000090404

Entity Name: ARS SOUTH FLORIDA, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3890 WEST COMMERCIAL BOULEVARD  
TAMARAC, FL 33309

## **New Principal Place of Business:**

% CORP SOL SFL  
4699 N. STATE RD 7 - STE K - ROOM 2  
TAMARAC, FL 33319

## **Current Mailing Address:**

P.O. BOX 590404  
TAMARAC, FL 33359

## **New Mailing Address:**

FEI Number: 27-3891627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CALLISTE, GREGORY  
3890 WEST COMMERCIAL BOULEVARD  
TAMARAC, FL 33309 US

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

CORPORATE SOLUTIONS SFL, LLC  
4699 N. STATE ROAD 7  
STE K - ROOM 2  
TAMARAC, FL 33319 US

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: KEITH RAMSAROOP

02/28/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: CALLISTE, GREGORY  
Address: % 4699 N. STATE RD 7, STE K - ROOM 2  
City-St-Zip: TAMARAC, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: GREGORY CALLISTE

P

02/28/2011

Electronic Signature of Signing Officer or Director

Date