



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90014 032 ***150.00

DOCUMENT # P93000002064					
1. Entity Name AREMCO CORP.					
Principal Place of Business 12340 NORTHEAST 6TH COURT NORTH MIAMI, FL 33161			Mailing Address 12340 NORTHEAST 6TH COURT NORTH MIAMI, FL 33161		
2. Principal Place of Business 901 NE 125TH STREET Suite, Apt. #, etc. 107		3. Mailing Address 901 NE 125TH STREET Suite, Apt. #, etc. 107			
City & State NORTH MIAMI, FL Zip 33161 Country USA		City & State NORTH MIAMI, FL Zip 33161 Country USA		4. FEI Number 65-0381395	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRODY, ANDREW 12340 NORTHEAST 6TH COURT NORTH MIAMI, FL 33161			7. Name and Address of New Registered Agent Name <u>BRODY, ANDREW</u> Street Address (P.O. Box Number is Not Acceptable) 901 NE 125TH STREET 107 City <u>NORTH MIAMI</u> <u>FL</u> Zip Code <u>33161</u>		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MOSS, HAROLD N 1645 CAMINITO ASTERISCO LA JOLLA, CA 92037	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <u>Harold N. Moss</u> <u>HAROLD N. MOSS</u> 1/26/04 (305) 893-1356 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					