

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2008 08
Secretary of**

DOCUMENT # P95000005854

**Entity Name
AR DISPLAY, INC.**



Principal Place of Business

5 N.W. 109 STREET

LEY, FL 33178 US

Mailing Address

9405 N.W. 109 STREET

**#4
MEDLEY, FL 33178 US**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0550437**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERRER, ALBERTO
5 NW 146TH LANE
LEAH, FL 33018**

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IN THIS SPACE**

I, 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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**U000000833129
02/27/08-90087-020 158.75
DATE**

**FILE NOW!!! FEE IS \$150.00
For May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees.**

OFFICERS AND DIRECTORS

DP	ALBERTO, FERRER
ADDRESS	8825 NW 146 LANE
T-ZIP	MIAMI, FL 33018
D	FERRER, JOSEFA
ADDRESS	8825 NW 146 LN
T-ZIP	MIAMI, FL 33018
D	HILDA, SERPA
ADDRESS	8825 NW 146 LANE
T-ZIP	HIALEAH, FL 33018
ADDRESS	
T-ZIP	
ADDRESS	
T-ZIP	
ADDRESS	
T-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President
Alberto Ferrer**

02/07/08

305-828-8896

Date

Daytime Phone #