

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80131796

DOCUMENT # P95000050861 1. Entity Name AR CARPENTRY, INC.																									
Principal Place of Business 1080 WEST 3RD AVENUE APT. #8 HIALEAH, FL 33010 US		Mailing Address 1080 WEST 3RD STREET APT. #8 HIALEAH, FL 33010																							
2. Principal Place of Business 972 West 42nd Place		3. Mailing Address 972 West 42 Place																							
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																							
City & State Hialeah, Florida		City & State Hialeah, Florida																							
Zip 33012		Zip 33012																							
Country USA		Country USA																							
<div style="text-align: right;"><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</div>																									
4. FEI Number 65-0591044		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ALMARAZ, MANUEL ANDRES 1080 WEST 3RD AVENUE APT. #8 HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>																									
<div style="border: 1px solid black; padding: 2px;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State </div>																									
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>																									
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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: *[Signature]* 7/9/03 (305) 688-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)