
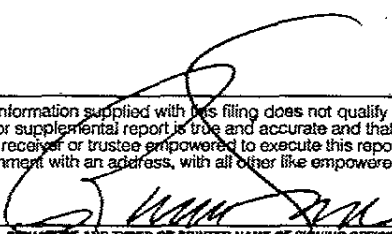


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000079135 1. Entity Name A & R ADVERTISING & PROMOTIONS, INC.		
Principal Place of Business 3733 NE 208TH STREET AVENTURA, FL 33180	Mailing Address 3733 NE 208TH STREET AVENTURA, FL 33180	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FREEMAN, RONALD 3733 NE 208TH STREET AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FREEMAN, RONALD 3733 NE 208TH STREET AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FREEMAN, ARLENE 3733 NE 208TH STREET AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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		1-5-07 974323736 Date Daytime Phone #



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2726274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/16/07-80019-025 150.00

**DO NOT WRITE
IN THIS SPACE**