


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90219 021 \*\*\*158.75

<b>DOCUMENT # P96000022900</b> 1. Entity Name <b>ABRASIVE RESTORATION OF ORLANDO, INC.</b>					
Principal Place of Business <b>1442 BAHIA AVENUE ORLANDO, FL 32807</b>			Mailing Address <b>1442 BAHIA AVENUE ORLANDO, FL 32807</b>		
2. Principal Place of Business <b>10028 Cypress glenn Pl.</b> Suite, Apt. #, etc.			3. Mailing Address <b>10028 Cypress Glen place.</b> Suite, Apt. #, etc.		
City & State <b>ORLANDO FL</b>			City & State <b>ORLANDO Florida</b>		
Zip <b>32825</b>		Country <b>ORANGE/USA</b>		4. FEI Number <b>59-3373018</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARQUEROS, ENRIQUE 1442 BAHIA AVENUE ORLANDO, FL 32807</b>			7. Name and Address of New Registered Agent Name <b>ENRIQUE ARQUEROS</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> City <b>FL</b> Zip Code		
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 <i>X</i> <b>WILLIAM A. ARQUEROS - ENRIQUE ARQUEROS</b> <b>4/28/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARQUEROS, IVAN 1442 BAHIA AVENUE ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President. IVAN ARQUEROS 4894 Waterside Point Cr. ORLANDO FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARQUEROS, ENRIQUE 1442 BAHIA AVENUE ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENRIQUE ARQUEROS 10028 Cypress glenn Pl. ORLANDO FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <i>X</i> <b>WILLIAM A. ARQUEROS</b>			<b>4-28-04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		