

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90219 021 ***158.75

DOCUMENT # P96000022900

1. Entity Name
ABRASIVE RESTORATION OF ORLANDO, INC.



Principal Place of Business
**1442 BAHIA AVENUE
 ORLANDO, FL 32807**

Mailing Address
**1442 BAHIA AVENUE
 ORLANDO, FL 32807**

94073930



2. Principal Place of Business
10028 Cypress Glenn Pl.

3. Mailing Address
10028 Cypress Glen place.

04152004 Chg-P CR2E034 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO Florida

4. FEI Number
59-3373018

Applied For
 Not Applicable

Zip
32825

Country
ORANGE/USA

Zip
32825

Country
ORANGE/USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARQUEROS, ENRIQUE
 1442 BAHIA AVENUE
 ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name
ENRIQUE ARQUEROS

Street Address (P.O. Box Number is Not Acceptable)
SAME

City
FL 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 *X* **Wanda A. [Signature] - ENRIQUE ARQUEROS** **4/28/04**

Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME ARQUEROS, IVAN	
STREET ADDRESS 1442 BAHIA AVENUE	
CITY-ST-ZIP ORLANDO, FL 32807	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME ARQUEROS, ENRIQUE	
STREET ADDRESS 1442 BAHIA AVENUE	
CITY-ST-ZIP ORLANDO, FL 32807	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IVAN ARQUEROS	
STREET ADDRESS 4894 Waterside Point Cr.	
CITY-ST-ZIP ORLANDO FL 32829	
TITLE ENRIQUE ARQUEROS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENRIQUE ARQUEROS	
STREET ADDRESS 10028 Cypress Glenn Pl.	
CITY-ST-ZIP ORLANDO FL 32825	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *X* **Wanda A. [Signature]** **4-28-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #