


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000091723

1. Entity Name
A.R.S. ENTERPRISES, INC.



Principal Place of Business Mailing Address

3450 N ANDREWS AVE **3450 N ANDREWS AVE**
FORT LAUDERDALE, FL 33309 US **FORT LAUDERDALE, FL 33309 US**

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0790984

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NOORALI, JAWED
3450 N ANDREWS AVE
FORT LAUDERDALE, FL 33309

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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: *Jawed Noorali* 02-12-04
Signature, typed or printed name of registered agent and DOR if applicable. (NOTE Registered Agent signature required when reappointing) 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**

U00000078062
03/08/04-80012-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------|
| TITLE | DP |
| NAME | NOORALI, JAWED |
| STREET ADDRESS | 3450 N ANDREWS AVE |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33309 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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: *Jawed Noorali* 02-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer's Phone #