

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017454

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: ARSA INVESTMENTS CORPORATION

## Current Principal Place of Business:

6101 GARDEN CT.  
FORT LAUDERDALE, FL 33314

## New Principal Place of Business:

6115 STIRLING ROAD  
SUITE#101  
DAVIE, FL 33314

## Current Mailing Address:

6101 GARDEN CT.  
FORT LAUDERDALE, FL 33314

## New Mailing Address:

6115 STIRLING ROAD  
SUITE#101  
DAVIE, FL 33314

FEI Number: 65-0821550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAPIRO, SAMUEL  
6101 GARDEN COURT  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

SHAPIRO, SAMUEL  
6115 STIRLING ROAD  
DAVIE, FL 33314 US

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.

SIGNATURE: SAMUEL SHAPIRO

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHAPIRO, SAMUEL  
Address: 6101 GARDEN CT  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VP ( ) Delete  
Name: SHAPIRO, ARLENE  
Address: 6101 GARDEN CT  
City-St-Zip: FORT LAUDERDALE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHAPIRO, SAMUEL  
Address: 6115 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change ( ) Addition  
Name: SHAPIRO, ARLENE  
Address: 6115 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SHAPIRO

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date