2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 09, 2005 08:00 AN Secretary of State DOCUMENT # P98000096682 1. Entity Name ARRÓW SALES AND SERVICES, INC. Mailing Address Principal Place of Business 11205 N.W. 14TH COURT 11205 N.W. 14TH COURT PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 05072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0880819 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent LA PADURA, ROSALIE DO NOT WRITE 11205 N.W. 14TH COURT PEMBROKE PINES, FL 33026 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. 1100000365064 05/69/05-89919-018-150.00 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent highelium required when minetaileg) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be In accordance with \$, 607.193(2)(b), F.S., the П Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE LA PADURA, ROSALIE NAME 11205 N.W. 14TH COURT STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33026 TITLE LA PADURA, FRANK NAME STREET ADDRESS 11205 N.W. 14TH COURT PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE KAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP me STREET ADDRESS CITY-ST-ZIP TITLE NALIF 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)(). 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 otherwise empowered.