

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90041 004 ***158.75

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DOCUMENT # P98000096682 1. Entity Name ARROW SALES AND SERVICES, INC.					
Principal Place of Business 11205 N.W. 14TH COURT PEMBROKE PINES, FL 33026			Mailing Address 11205 N.W. 14TH COURT PEMBROKE PINES, FL 33026		
2. Principal Place of Business 119 N.E. 10th ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2112 S. Cypress Bend Dr APT 801 <small>Suite, Apt. #, etc.</small>			
City & State Delray Beach, Florida <small>Zip</small> 33444 <small>Country</small>		City & State Pompano Beach, FL. <small>Zip</small> 33069 <small>Country</small> Broward		4. FEI Number 65-0880819	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent LA PADURA, ROSALIE 11205 N.W. 14TH COURT PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA PADURA, ROSALIE 11205 N.W. 14TH COURT PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rosalie LaPadura</u> 2-20-06 954-956-8585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

954-956-8585