


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000052611
 1. Entity Name
A R THERAPEUTICS INC



Principal Place of Business Mailing Address
901 HILLSBORO MILE A1A **901 HILLSBORO MILE A1A**
HILLSBORO BEACH, FL 33062 **HILLSBORO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0325025 Not Applicable

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

6. Name and Address of Current Registered Agent
RADZIKHOVSKY, ALEXANDER
3165 N.E. 48TH CT.
LIGHTHOUSE POINT, FL 33064-7906

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)

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**

~~000000075589~~
 03/10/04 0055-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RADZIKHOVSKY, ALEXANDER
STREET ADDRESS	3165 NE 48TH COURT #112
CITY-ST-ZIP	LIGHTHOUSE, FL 330647906
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Alexander Radzikhovskiy 2/28/04 @ 541257-3095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #