


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000052611 1. Entity Name A R THERAPEUTICS INC	
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Principal Place of Business 901 HILLSBORO MILE A1A HILLSBORO BEACH, FL 33062	Mailing Address 901 HILLSBORO MILE A1A HILLSBORO BEACH, FL 33062
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01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0325025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RADZIKHOVSKY, ALEXANDER 3165 N.E. 48TH CT. LIGHTHOUSE POINT, FL 33064-7906
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**DO NOT WRITE
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.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADZIKHOVSKY, ALEXANDER 3165 NE 48TH COURT #112 LIGHTHOUSE, FL 330647906
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01/29/05-80033-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Radzikhovsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 (954) 257-3095
Date Daytime Phone #