


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90108 005 ***158.75

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DOCUMENT # P99000053014	
1. Entity Name ARPM INC.	

Principal Place of Business 13919 68TH STREET N WEST PALM BCH FL 33412	Mailing Address 13919 68TH STREET N WEST PALM BCH FL 33412
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2. Principal Place of Business 481 PINEVIEW TRAIL	3. Mailing Address 481 PINEVIEW TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State KISSIMMEE, FL	City & State KISSIMMEE, FL	4. FEI Number 65-0926754	Applied For <input type="checkbox"/>
Zip 34747	Country OSEIOLA	Zip 34747	Country OSEIOLA
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSSI, ANAZILMA
13919 68TH STREET N
WEST PALM BCH FL 33412

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE V	<input checked="" type="checkbox"/> Delete
NAME ROSSI, ASMILSON	
STREET ADDRESS 13919 68TH STREET N	
CITY-ST-ZIP WEST PALM BCH FL 33412	
TITLE P	<input type="checkbox"/> Delete
NAME ROSSI, ANAZILMA	
STREET ADDRESS 13919 68TH STREET N	
CITY-ST-ZIP WEST PALM BCH FL 33412	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HERON G. MILAN - V.P. CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HERON G. MILAN	
STREET ADDRESS 481 PINEVIEW TRAIL	
CITY-ST-ZIP KISSIMMEE, FL 34747	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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: *ANAZILMA ROSSI* **ANAZILMA ROSSI** **4/9/03** **407-997-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)