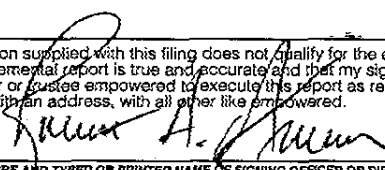


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000073712			
1. Entity Name A & R OFFICE MANAGEMENT, INC.			
Principal Place of Business 6600 COW PEN RD., STE. 205 MIAMI LAKES, FL 33014	Mailing Address 6600 COW PEN RD., STE. 205 MIAMI LAKES, FL 33014		
DO NOT WRITE IN THIS SPACE			
		01082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0942554	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RODRIGUEZ, RAMIRO E 6600 COW PEN RD., STE. 205 MIAMI LAKES, FL 33014		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 file if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____	
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN0000004330 01/15/04-80007-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RAMIRO E 15750 NW 10 ST. PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUERBACH, ROBERT H 621 LAUREL LANE EAST PEMBROKE PINES, FL 33027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT H. AUERBACH		01-09-2004 305-818-1950 Date Daytime Phone #	