


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90183 035 \*\*\*150.00

<b>DOCUMENT # P99000073712</b>		
1. Entity Name A & R OFFICE MANAGEMENT, INC.		

50023666

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
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2. Principal Place of Business 14750 NW 77 CT Suite, Apt. #, etc. SUITE 335	3. Mailing Address 14750 NW 77 CT Suite, Apt. #, etc. SUITE 335
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01062005 Chg-P CR2E034 (10/03)


City & State MIAMI LAKES FL	City & State MIAMI LAKES FL
Zip 33016	Country USA

4. FEI Number 65-0942554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, RAMIRO E 6600 COW PEN RD., STE. 205 MIAMI LAKES, FL 33014	
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7. Name and Address of New Registered Agent Name RAMIRO E. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 14750 NW 77 CT # 335 City MIAMI LAKES FL Zip Code 33016	
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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 	RAMIRO E. RODRIGUEZ 03/05/05 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RAMIRO E 15750 NW 10 ST. PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUERBACH, ROBERT H 621 LAUREL LANE EAST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	03/05/05 305-818-1950 Date Daytime Phone #