

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000073712

1. Entity Name
A & R OFFICE MANAGEMENT, INC.



Principal Place of Business
14750 NW 77 CT
SUITE 335
MIAMI LAKES, FL 33016

Mailing Address
14750 NW 77 CT
SUITE 335
MIAMI LAKES, FL 33016



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0942554
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Applied For Not Applicable

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAMIRO E
14750 NW 77 CT #335
MIAMI LAKES, FL 33016

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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 reinstating)

DATE

000000380980
01/11/06-80035-015 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, RAMIRO E
STREET ADDRESS	15750 NW 10 ST.
CITY - ST - ZIP	PEMBROKE PINES, FL 33028
TITLE	VD
NAME	AUERBACH, ROBERT H
STREET ADDRESS	621 LAUREL LANE EAST
CITY - ST - ZIP	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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

ROBERT H. AUERBACH 01-06-06 305.818.1950