


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

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90126 025 \*\*\*150.00

DOCUMENT # <b>S07614</b>	
1. Entity Name <b>A &amp; R Insurance Services Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>A &amp; R Insurance Services Inc</b>		3. Mailing Address <b>4823 SW 85T</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SAME</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33134</b>	Country <b>USA</b>	4. FEI Number <b>65-0222183</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	

**50029800**

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>JAMES ABRAHAM</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>4823 SW 85T</b>	
	City <b>MIAMI</b>	Zip Code <b>FL 33134</b>

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
<b>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JAMES ABRAHAM 4823 SW 85T MIAMI FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MARINA ABRAHAM 4823 SW 85T MIAMI FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3-14-05** **305-441-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)