## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # V27454** FILED 1. Entity Name Jul 15, 2008 08:00 AM A.R. OIL CORP. Secretary of State Principal Place of Business Mailing Address 1698 ALTON RD 1698 ALTON RD MIAMI BEACH, FL 33139-2426 MIAMI BEACH, FL 33139-2426 07102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0325938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRAMOVICH, ABRAHAM DO NOT WRITE 1698 ALTON RD MIAMI BEACH, FL 33139-2426 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 31TLE 07/15/08-80008-016 150.00 ROSENBLUM, ALAN STREET ADDRESS 17607 NORTHWEST 8TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33029 VΡ TITLE ABRAMOVICH, ABRAHAM STREET ADDRESS 9805 EAST CALUSA CLUB DR. CITY-ST-ZIP MIAMI, FL 331862337 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

12. Thereby 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:

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O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR