


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90024 035 ***150.00

DOCUMENT # P98000017454
1. Entity Name
ARSA INVESTMENTS CORPORATION



Principal Place of Business **Mailing Address**
950 S DIXIE HWY **950 S DIXIE HWY**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020**

2. Principal Place of Business **3. Mailing Address**
6101 Garden Ct *6101 Garden Ct*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
DAVIE FL *DAVIE FL*
Zip **Country** **Zip** **Country**
33314 *USA* *33314* *USA*



MOORE CR2E034 (11/03)

4. FEI Number **65-0821550** **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHAPIRO, SAMUEL
950 S DIXIE HWY
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHAPIRO, SAMUEL | |
| STREET ADDRESS | 950 S DIXIE HWY | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMUEL SHAPIRO | |
| STREET ADDRESS | 6101 GARDEN CT | |
| CITY-ST-ZIP | DAVIE FL 33314 | |
| TITLE | V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARLENE SHAPIRO | |
| STREET ADDRESS | 6101 GARDEN CT | |
| CITY-ST-ZIP | DAVIE FL 33314 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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: *Samuel Shapiro* *2/1/04* *954 316626*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #