2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001419

Entity Name: PROJECT A.R.K. ENTERPRISES, LLC.

15422 SOUTHWEST 284TH STREET, APT # 7302

HOMESTEAD, FL 33033 US

Address:

City-St-Zip:

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
1751 SOU CIRCLE S	THWEST 131ST PLACE			
MIAMI, FL				
Current Mailing Address:		New Mailing A	New Mailing Address:	
1751 SOUTHWEST 131ST PLACE CIRCLE S				
MIAMI, FL				
In accordan	: 26-1670868 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability comp	•	or notice.	
Name and	Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
8302 NOR SUITE # 20	& ASSOCIATES, LLC. THWEST 103RD STREET 02 GARDENS, FL 33016 US			
1 11/ 12 12/ 11 1	O/ 11 DE 110; 1 E 000 10 00			
	named entity submits this statement for the pure of Florida.	rpose of changing its req	gistered office or registered agent, or both	
SIGNATUF	RE:			
	Electronic Signature of Registered Agen	t	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHAN	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete FUSTE, GABRIELE 1751 SOUTHWEST 131ST PLACE, CIRCLE S MIAMI, FL 33175 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete ECHEVARRIA, RANDY 325 SOUTH BISCAYNE BLVD, APT. # 4016 MIAMI, FL 33131 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete REGUERA, ESTRELLA 1751 SOUTHWEST 131ST PLACE, CIRCLE S MIAMI, FL 33175 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name [.]	MGR () Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: RENE F. LEONCIO POA 05/01/2009