## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P01000038069**

ARCON ENGINEERING GROUP, INC.



Principal Place of Business

1175 N.E. 125TH STREET

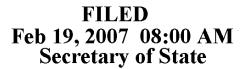
SUITE 610 N MIAMI, FL 33161

Mailing Address

1175 N.E. 125TH STREET

SUITE 610

N MIAMI, FL 33161





	DO	NOT	WRIT	E IN	THIS	SPACE
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02152007	No Chg-P	CR2E034 (11/05)
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4. FE! Number 65-1139601

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

SANFORD, ANTHONY J 1175 NE 125 ST., #610 NORTH MIAMI, FL 33161

## DO NOT WRITE IN THIS SPACE

		1			
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	Au + Hony SanFor Signature, typed or printed frame of registered agent and title in		Agent signature	required when reinstating)	2-16-2007 DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPLANTE, ADNER 13651 NE MIAI CT N MIAMI, FL 33161		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, NELLY 1060 SPRING GARDEN RD, #7 MIAMI, FL 33136				000000641579 03/01/07-80005-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENOIT, FRED 420 NE 145 ST MIAMI, FL 33161		·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, ANTHONY J 2651 SUNRISE LAKES DR. E., APT. 1 SUNRISE, FL 33322	09		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		
TITLE					

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:	Amer Laplante
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

Daytime Phone ≢