2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000038069

1. Entity Name
ARCON ENGINEERING GROUP, INC.

Principal Place of Business	Mailing Address
1175 N.E. 125TH STREET SUITE 610 N MIAMI, FL 33161	1175 N.E. 125TH STREET SUITE 610 N MIAMI, FL 33161

02152007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-1139601
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 Anthony Sanford, P.E. 2-16-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAPLANTE, ADNER
STREET ADDRESS	13651 NE MIAI CT
CITY-ST-ZIP	N MIAMI, FL 33161
TITLE	D
NAME	REYES, NELLY
STREET ADDRESS	1060 SPRING GARDEN RD, #7
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	D
NAME	BENOIT, FRED
STREET ADDRESS	420 NE 145 ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	SANFORD, ANTHONY J
STREET ADDRESS	2651 SUNRISE LAKES DR. E., APT. 109
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80005-003 150.00

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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: Adner Laplante 2-16-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #