


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-02-2004 90010 022 ***150.00

DOCUMENT # P03000013552			
1. Entity Name ARCA SALES & INSTALLATIONS, INC.			
Principal Place of Business 8985 N.W. 188TH TERR. MIAMI, FL 33015		Mailing Address 8985 N.W. 188TH TERR. MIAMI, FL 33015	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		Name BALWANT CHAGMA, P.A.	
		Street Address (P.O. Box Number is Not Acceptable) 4160 W. 16TH AVE. # 309	
		City HALEAH FL Zip Code 33012	
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 <i>Balwant Chagma CPA</i>		DATE 1/27/04	
Signature: typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARCA, ALBERTO 8985 N.W. 188TH TERR. MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARCA, ANA 8985 N.W. 188TH TERR. MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Albert Arca</i>		DATE 1/28/04	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

00402638



01272004 Chg-P CR2E034 (10/03)

4. FEI Number **30-0148719**

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **BALWANT CHAGMA, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
4160 W. 16TH AVE. # 309
 City **HALEAH** FL Zip Code **33012**

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 SIGNATURE *Balwant Chagma CPA* DATE **1/27/04**

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 SIGNATURE: *Albert Arca* DATE **1/28/04**