


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 008 ***150.00

DOCUMENT # P03000045980.

1. Entity Name
ARCOIRIS, CORP.



Principal Place of Business
777 NW 72 AVE., #2BB62
MIAMI, FL 33126

Mailing Address
777 NW 72 AVE., #2BB62
MIAMI, FL 33126

2. Principal Place of Business
777 NW 72 Avenue,
 Suite, Apt. #, etc.
2BB45

3. Mailing Address
777 NW 72 Avenue
 Suite, Apt. #, etc.
2BB45

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country
USA

Zip
33126

Country
USA



04062005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

VIRTO, FERNANDO
18041 BISCAYNE BLVD., #703
MIAMI, FL 33160

4. FEI Number
56-2364902

Applied For
 Not Applicable

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

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, 2005 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	<input type="checkbox"/> Delete
NAME	VIRTO, FERNANDO	
STREET ADDRESS	18041 BISCAYNE BLVD., #703	
CITY-ST-ZIP	MIAMI, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTELO, ANALIA	
STREET ADDRESS	18041 BISCAYNE BLVD., #703	
CITY-ST-ZIP	MIAMI, FL 33160	
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		<input checked="" 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		
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: _____ **4/14/05.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #