
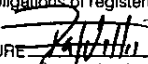



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90181 008 \*\*\*150.00

DOCUMENT # P03000100359					
1. Entity Name ARINCI CONSTRUCTION, INC.					
Principal Place of Business 2544 WOODGATE BLVD APT 204 ORLANDO, FL 32822		Mailing Address 2544 WOODGATE BLVD APT 204 ORLANDO, FL 32822			
2. Principal Place of Business 5800 SAGUNTO ST Suite, Apt. #, etc.		3. Mailing Address 5800 SAGUNTO ST Suite, Apt. #, etc.		03052006 Chg-P CR2E034 (11/05)	
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 05-0585446	
Zip 32807		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VILLALBA, RAFAEL 2544 WOODGATE BLVD APT 204 ORLANDO, FL 32822			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:  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILLALBA, RAFAEL		NAME		
STREET ADDRESS	2544 WOODGATE BLVD APT 204		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILLALBA, ESTEBAN		NAME		
STREET ADDRESS	2544 WOODGATE BLVD APT 204		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  RAFAEL VILLALBA			03/05/06 407-970-5057		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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