

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 025 ***150.00

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DOCUMENT # P04000045300			
1. Entity Name ALICIA ARPCO INC.			
Principal Place of Business 6039 MANASOTA KEY ROAD ENGLEWOOD, FL 34223		Mailing Address 6039 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	
2. Principal Place of Business 2081 ALICIA ST Suite, Apt. #, etc.		3. Mailing Address 2081 ALICIA ST Suite, Apt. #, etc.	
City & State FT. MYERS, FL		City & State FT. MYERS, FL	
Zip 33901	Country USA	Zip 33901	Country USA
4. FEI Number 200846070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORZILIUS, ERIK V 2100 TAMiami TRAIL S SUITE C VENICE, FL 34293		7. Name and Address of New Registered Agent Name OSIEL VAZQUEZ Street Address (P.O. Box Number is Not Acceptable) SOLVAN BUREN ST APT D3 City FT. MYERS FL Zip Code 33916	
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>Osiel Vazquez</i>		OSIEL VAZQUEZ	
<small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		<small>(NOTE: Registered Agent signature required when reinstating.)</small>	
DATE: 3/29/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD ARP, DAVID L 6039 MANASOTA KEY ROAD VENICE, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSIEL VAZQUEZ 501 VAN BUREN ST, APT D3 FT. MYERS, FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S SANTIAGO VAZQUEZ 501 VAN BUREN ST., APT D3 FT. MYERS, FL 33916 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABDIAS VAZQUEZ 501 VAN BUREN ST, APT D7 FT. MYERS, FL 33916 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENRIQUE ALCOCER 501 VAN BUREN ST, APT D7 FT. MYERS, FL 33916 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Osiel Vazquez</i>		OSIEL VAZQUEZ	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		3/29/05 239-337-0477	
		<small>Daytime Phone #</small>	