## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000085663

Entity Name: LOLIN ARCIA, P.A.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
SUITE 302	6 STREET E PINES, FL	33027			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 302	6 STREET E PINES, FL	33027			
FEI Number:	20-5096110	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
5220 S UN SUITE C-1	NTERPRISE, I IVERSITY DR 02 33328 US	NC.			
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ARCIA, LOLA N	REET SUITE 302	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ARCIA, HECTO	REET SUITE 302	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLA M ARCIA PD 04/08/2009