

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 253154

1. Entity Name
ARREGUI INTERNATIONAL ADVERTISING CORP.



Principal Place of Business
**2307 DOUGLAS RD
STE 200
MIAMI, FL 33145 US**

Mailing Address
**1470 CECILIA AVENUE
CORAL GABLES, FL 33146 US**

DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0971511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARREGUI, RICHARD M
2307 DOUGLAS RD
STE 200
MIAMI, FL 33145**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	ARREGUI, RICARDO A
STREET ADDRESS	1470 CECILIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	T
NAME	ARREGUI, OLGA
STREET ADDRESS	1470 CECILIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	P
NAME	ARREGUI, RICHARD M
STREET ADDRESS	2205 SW 28 ST
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000621307
02/12/07-80011-020 150.00

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IN THIS SPACE**

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: _____ **Pres.** **01/31/07** **(305) 648-1616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #