## **2006 FOR PROFIT CORPORATION**

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SIGNATURE: \_

## Mar 20, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #473243** 03-20-2006 90007 046 \*\*\*150.00 1. Entity Name ARCA KNITTING, INC. Principal Place of Business Principal Place of Business 2175 EAST 11TH AVE. HIALEAH, FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01062006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1594760 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANALS, JORGE Street Address (P.O. Box Number is Not Acceptable) 2175 EAST 11TH AVENUE HIALEAH, FL 33013 City Zip Code FI 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change Addition TITLE ☐ Delete TITLE CANALS, JORGE I NAME NAME STREET ADDRESS 2175 E 11TH AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete CANALS, MATILDE NAME NAME STREET ADDRESS 2175 F 11TH AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition GONZALEZ, ANDRES NAME NAME 2175 E 11TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Daytime Phone &

FILED