2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 763763

1. Entity Name
A.R.C. RESIDENTIAL ALTERNATIVES, INC.

Principal Place of Business
5555 BISCAYNE BLVD.
MIAMI, FL 33137 US

Mailing Address
5555 BISCAYNE BLVD.
MIAMI, FL 33137 US

01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-0839562 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MESSER, MICHAEL E
5555 BISCAYNE BLVD.
MIAMI, FL 33137

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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) DATE

Filing Fee Is $61.25
Due by May 1, 2006

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

U00000502976
04/26/06-00013-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	MESSER, MICHAEL E
STREET ADDRESS	5555 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI,F L.,
TITLE	VD
NAME	SALAZAR, HELEN
STREET ADDRESS	5555 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	WIENER, LARRY
STREET ADDRESS	5555 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	P
NAME	REED, BEN
STREET ADDRESS	5555 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Michael Messer 1/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #