

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # F93997

1. Entity Name
ARCOL CORPORATION



Principal Place of Business
% EDUARDO FORTOUL
12540 SW 8TH ST
MIAMI, FL 33184

Mailing Address
9572 SW 124TH TERRACE
MIAMI, FL 33176 US



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2301290 | 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

FORTOUL, EDUARDO
9572 SW 124TH TERRACE
MIAMI, FL 33176

**DO NOT WRITE
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 reinstating)

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 | PSD |
| NAME | FORTOUL, EDUARDO |
| STREET ADDRESS | 9572 SW 124TH TERRACE |
| CITY-ST-ZIP | MIAMI, FL |

| | |
|----------------|-----------------------|
| TITLE | SD |
| NAME | FORTOUL, MAURICE |
| STREET ADDRESS | 9572 SW 124TH TERRACE |
| CITY-ST-ZIP | MIAMI, FL 33176 |

| | |
|----------------|-----------------------|
| TITLE | VPD |
| NAME | FORTOUL, SONIA |
| STREET ADDRESS | 9572 SW 124TH TERRACE |
| CITY-ST-ZIP | MIAMI, FL 33176 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/20/07-80024-022 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/07

Date

(305) 551-7214

Daytime Phone #