

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90331 015 ****50.00

DOCUMENT # L00000008612	
1. Entity Name ARC POWER SYSTEMS, LLC	

Principal Place of Business 5735 N.E. 2 AVENUE MIAMI FL 33137	Mailing Address 5735 N.E. 2 AVENUE MIAMI FL 33137
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
MOORE	CR2E083 (11/03)
4. FEI Number 66-0586692	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARCELO M. AGUDO, P.A. 2333 PONCE DE LEON BLVD. #1120 CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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.

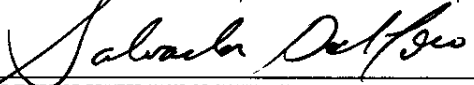
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM ROSSI, JOSE 5735 NE 2ND AVE MIAMI FL 33137-2597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM PONCE, REINALDO 5735 N.E. 2 AVENUE MIAMI FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGR DEL TORO, SALVADOR 5735 N.E.-2 AVENUE MIAMI FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **March 29, 2004** **305-751-4673**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #