2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000007912

1. Entity Name ARCE ENTERPRISES, LLC

FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

4045 SHERIDAN AVE., UNIT 271 MIAMI BEACH, FL 33140 Mailing Address

4045 SHERIDAN AVE., UNIT 271 MIAMI BEACH, FL 33140



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1108876	Applied Not App	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KAHN, DONALD ESQ. 317-71 STREET MIAMI BEACH, FL 33141

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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 Filling Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCE, ANGELO 2042 N.E. 120 ROAD NORTH MIAMI, FL 33181		U00000594381	
TITLE NAME STREET ADDRESS CITY-SY-ZIP			01/22/07-80069-008 50.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby o	certify that the information supplied with this filing does not con this report is true and accurate and that my signature of	qualify for the exemptions contained in Chapter 1	19, Florida Statutes. I further certify that the information	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 grintly receiver or trustge exprovered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: VY Y

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Daytime Phone #