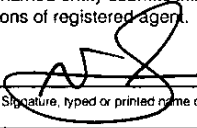
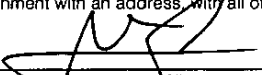


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90026 006 ****61.25

DOCUMENT # N03000001703 1. Entity Name ARCA IMAGES, INC.					
Principal Place of Business ONE ALHAMBRA CIR, STE 305 CORAL GABLES, FL 33134			Mailing Address ONE ALHAMBRA CIR, STE 305 CORAL GABLES, FL 33134		
2. Principal Place of Business 711 Biltmore way Suite, Apt. #, etc. 603		3. Mailing Address 711 Biltmore way Suite, Apt. #, etc. 603			
City & State Coral Gables - FL Zip 33134		City & State Coral Gables - FL Zip 33134		4. FEI Number 65-1104497	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUVE, ALEXA ONE ALHAMBRA CIR, STE 305 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 711 Biltmore way # 603 City Coral Gables FL Zip Code 33134	
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  Alexa Kuv - Director 01/12/05 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, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUVE, ALEXA ONE ALHAMBRA CIR, STE 305 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANUEVA, LARRY ONE ALHAMBRA CIR, STE 305 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABALLERO, CARLOS ONE ALHAMBRA CIR, STE 305 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. 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 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:  Alexa Kuv 01/12/05 305-5671949 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					