

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 044 ****61.25

DOCUMENT # N03000001703

1. Entity Name
ARCA IMAGES, INC.



Principal Place of Business
**711 BILTMORE WAY #603
CORAL GABLES, FL 33134**

Mailing Address
**711 BILTMORE WAY #603
CORAL GABLES, FL 33134**

40000681



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-1104497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUVE, ALEXA
711 BILTMORE WAY #603
CORAL GABLES, FL 33134

Name **ALEXA KUVE**
Street Address (P.O. Box Number is Not Acceptable)
325 S. BISCAYNE BLVD.
#1526
City **MIAMI** FL Zip Code **33131**

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 reissuing)

DATE

**Filing Fee is \$61.25 -
Due by May 1, 2007**

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

TITLE **D** ☐ Delete
NAME **KUVE, ALEXA**
STREET ADDRESS **711 BILTMORE WAY #603**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **VILLANUEVA, LARRY**
STREET ADDRESS **711 BILTMORE WAY #603**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
NAME **CABALLERO, CARLOS**
STREET ADDRESS **711 BILTMORE WAY #603**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **325 S. BISCAYNE BLVD.**
CITY-ST-ZIP **#1526 MIAMI - FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/06/07 (305) 3429312