

FILED


May 20, 2003 8:00 am
Secretary of State

04-28-2003 91380 028 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05094

1. Entity Name
ARCOEN CONDOMINIUM #1, A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: ANTONIA O. RODRIGUEZ, 1344 W. 44 STREET, HIALEAH FL 33012

Mailing Address: 1344 W. 44 STREET, HIALEAH FL 33012

55042183



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Antonia O. Rodriguez, 1344 W 44 ST, Hialeah FLA.

3. Mailing Address: Suite, Apt. #, etc.

City & State: Hialeah FLA.

Country: USA

4. FEI Number: 59-2513803

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: RODRIGUEZ, ANTONIA O, 1344 W. 44 STREET, HIALEAH FL 33012

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

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: Antonia O. Rodriguez (Signature, typed or printed name of registered agent and title if applicable)

DATE: 4/23/03 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 NAME	PTD - DT P D RODRIGUEZ, ANTONIA O <input type="checkbox"/> Delete
STREET ADDRESS	1344 W 44 STREET
CITY-ST-ZIP	HIALEAH FL
TITLE NAME	DT CANDELARIA, MARIA L <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1342 W 44 STREET
CITY-ST-ZIP	HIALEAH FL
TITLE NAME	ST BOYEDA, IRMA <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1340 W 44 STREET
CITY-ST-ZIP	HIALEAH FL
TITLE NAME	DT Datcha O Carreno <input type="checkbox"/> Delete
STREET ADDRESS	1344 W 44 ST Hialeah
CITY-ST-ZIP	FL 33012
TITLE NAME	DT Jose Rodriguez <input type="checkbox"/> Delete
STREET ADDRESS	1344 W 44 ST Hialeah
CITY-ST-ZIP	FL 33012
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	Marta Cuervo T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1346 W 44 ST 33012
CITY-ST-ZIP	HIA FL. T.
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: [Signature] DATE: 4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)