


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90097 026 ****61.25

DOCUMENT # N37522 1. Entity Name ARCO MISSIONARY FOUNDATION CORP.	
--	---

Principal Place of Business 3905 S W 110TH AVENUE MIAMI, FL 33165 US	Mailing Address 3905 S W 110 AVENUE MIAMI, FL 33565 US
--	--

DO NOT WRITE IN THIS SPACE



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0270258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, JORGE
3905 S W 110 AVENUE
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

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: _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DOMINGUEZ, EDUARDO 10940 SW 36 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOMINGUEZ, JORGE 16100 SW 155 COURT MIAMI, FL <i>new address - 10101 SW 125th Ave miami FL 33186</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DOMINGUEZ, DALIA 10940 SW 36 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DE LA VEGA, AMALIA 5922 NW 7 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RODRIGUEZ, JOSE 253 NW 46 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOMINQUEZ, AIME 16100 SW 155 COURT MIAMI, FL <i>new address - 10101 SW 125th Ave miami FL 33186</i>

DO NOT WRITE IN THIS SPACE

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: _____ *1/16/06* *305-223-2561*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #