

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

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**



01312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0270258

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876051
04/11/08-80059-001 61.25

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
10101 SW 125TH AVE.
MIAMI, FL 33186**

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
10101 SW 125TH AVE
MIAMI, FL 33186**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 3052232561
Date Daytime Phone #