

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000006040

1. Entity Name
ARROCARACA ENTERPRISES, INC.



Principal Place of Business
**1447 S.W. 32ND COURT
FORT LAUDERDALE, FL 33315**

Mailing Address
**306 ALCAZAR AVE
302
MIAMI, FL 33134**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0988729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VEGA, ALBERTO P
306 ALCAZAR AVE., #302
CORAL GABLES, FL 33134**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000501170
04/25/06-80051-018 158.75**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HERNANDEZ, RAUL**
STREET ADDRESS **1447 S.W. 32ND COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE **D**
NAME **HERNANDEZ, CARIDAD**
STREET ADDRESS **1447 S.W. 32ND COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE **PT**
NAME **HERNANDEZ, RAUL**
STREET ADDRESS **1447 S.W. 32ND COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE **VPS**
NAME **HERNANDEZ, CARIDAD**
STREET ADDRESS **1447 S.W. 32ND COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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

Typed Name

3/30/06