## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P00000006040** 02-02-2007 90007 014 \*\*\*158.75 ARROCARACA ENTERPRISES, INC. Principal Place of Business Mailing Address 1447 S.W. 32ND COURT 306 ALCAZAR AVE 40008663 FORT LAUDERDALE, FL 33315 302 MIAMI, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Alcazar AVE *306* Suite, Apt. #, etc. ろりと Suite, Apt. #, etc. 01222007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 65-0988729 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ VEGA, ALBERTO P 306 ALCAZAR AVE., #302 CORAL GABLES, Ft. 33134 Flagler .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 familia the obligations of registered agent. SCHWANTZ SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ■ Addition HERNANDEZ, RAUL NAME NAME 1447 S.W. 32ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 CITY-ST-ZIP TITLE Delete TITLE HERNANDEZ, CARIDAD NAME NAME STREET ADDRESS 1447 S.W. 32ND COURT STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33315 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Dents Beck Job Alegzar Miani HERNANDEZ, RAUL NAME NAME 1447 S.W. 32ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 CITY-ST-ZIP Delete TITLE ☐ Addition HERNANDEZ, CARIDAD NAME NAME STREET ADDRESS 1447 S.W. 32ND COURT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED Feb 02, 2007 8:00 am