2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 16, 2006 8:00 am Secretary of State

DOCUMENT # P0000039028 1. Entity Name ARCE REMODELING INC.					06-16-200	6 90101 03	5 ***150.00
2921 NW 99	incipal Place of Business Mailing Address 921 NW 99 STREET 2921 NW 99 STREET IAMI, FL 33147 MIAMI, FL 33147			•	di e		
and the second s					N ABIN BONT BOSH CENT ADS	II ORIJOS ĮKIJO JULII 1281	LB 100 A 1 10150 D) 11 1661
ח	O NOT WRITE	CE	03202006	No Chg-P	CR2E034 (1	· · · · · · · · · · · · · · · · · · ·	
	O NOT WINITE	OL .	4. FEI Numb			Applied For Not Applicable	
				5. Certificate	of Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent							
ARCE, JAY	 VIER M 99 STREET	İ	DO	NOT W	RITE		
MIAMI, FL			IN	THIS SP	ACE		
-,					,. . _	ĺ	
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							
	Signeture, typed or printed name of registered agent and	Elle II applicable. (NOTE: Registers	id Agent signature requires	d when reinstating)	T:	DATE	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	ncing \$5	.00 May Be led to Fees				
TITLE	OFFICERS AND DIRECTORS						
NAME STREET ADDRESS CITY-ST-ZIP	JAVIER, ARCE 2421 NW 99 STREET MIAMI, FL 33147						
TITLE NAME STREET ADDRESS CITY-ST-ZP		1 9999					
IIL							
STREET ADDRESS CITY-SI-ZIP			<u> </u>	DO	NOT W	RITE	
TITLE NAME				IN.	THIS SF	ACE	
STREET ADDRESS CITY-ST-ZIP						•	
TITLE			1			•	
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME			Í				
STREET ADDRESS							}
CITY-ST-ZIP	certify that the information supplied with the	rs filling does not qualify for the ex-	emptions contained	d in Chapter 11	9, Florida Statutes. I	further certify the	at the information
12. Thereby 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 eath; 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							