2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # P01000034686 1. Entity Name 02-09-2005 90060 050 ***150.00 ARCACCOUNTING, INC. Principal Place of Business Mailing Address 3785 NW 82 AVENUE 3785 NW 82 AVENUE SUITE 109 MIAMI FL 33166 SUITE 109 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4., FEI Number Applied For 65-1099072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPPELLARO, ALICIA Street Address (P.O. Box Number is Not Acceptable) 10104 COSTA DEL SOL BLVD. **MIAMI FL 33178** Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. THUE Delete TITLE ☐ Addition Change ARCHER, JOHN F NAME NAME 5747 SW 130TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINECREST FL 33156 CITY-ST-ZIP ☐ Delete Addition CAPPELLARO, ALICIA 10140 COSTA DEL SOL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERV. ATLANTA GA 39901

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DATE OF THIS MOTICE: 05-10-2001
NUMBER OF TH NOTICE: CP 575 A
EMPLOYER IDEN. FICATION NUMBER: 65-1099072
FORM: SS-4 0716933151

0634186

ARCACCOUNTING_INC. -3785 NW 82ND AVE STE 109 MIAMI FL 33166 FOR ASSISTANCE CALL US AT: 1-800-829-1040

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Eorm SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1099072. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.