2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084513

Entity Name: LOLIN ARCIA DESIGN, INC.

FILED Feb 25, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12500 SW 65 STREET 12500 SW 65 STREET

STE 302 STE 302

PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 US

Current Mailing Address: New Mailing Address:

 5220 S UNIVERSITY DR
 5220 S UNIVERSITY DR

 STE C-102
 STE C-102

 DAVIE, FL 33328
 DAVIE, FL 33328 US

FEI Number: 65-1132411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
5220 S UNIVERSITY DR
5120 S UNIVERSITY DR
5120 S UNIVERSITY DR
5120 S UNIVERSITY DR
5120 STE C-102
5120 DAVIE, FL 33328 US
5120 DAVIE, FL 33328 US

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.

SIGNATURE: MARTIN AZAMBUYA 02/25/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD

Name: DE ARCIA, LOLA CHIQUITO
Address: 12500 SW 65 STREET STE 302
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: VD

Name: ARCIA, HECTOR

Address: 12500 SW 65 STREET STE 302 City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD

Name: RASKING, MARIA G

Address: 12500 SW 65 STREET STE 302 City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOLA CHIQUITO DE ARCIA PD 02/25/2010