

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90198 001 ***150.00
03-07-2006 90198 002 *****8.75

DOCUMENT # P01000120369 1. Entity Name ARCAD, INC.					
Principal Place of Business 520 GREEN RIVER LN DAVIE, FL 33325			Mailing Address 520 GREEN RIVER LN DAVIE, FL 33325		
2. Principal Place of Business <input checked="" type="checkbox"/> Suite, Apt. #, etc.		3. Mailing Address <input checked="" type="checkbox"/> P.O. BOX 550756 Suite, Apt. #, etc.			
City & State FL LAUDERDALE, FL		City & State FL LAUDERDALE, FL		4. FEI Number 74-3029817	
Zip 33355		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMARGO, CRISTHIAN O 520 GREEN RIVER LN DAVIE, FL 33325				7. Name and Address of New Registered Agent Name BIBIAN PENA Street Address (P.O. Box Number is Not Acceptable) 520 GREEN RIVER LN City DAVIE FL Zip Code 33325	
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: BIBIAN PENA 02-13/2006 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CAMARGO, CRISTHIAN 520 GREEN RIVER LN DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIBIAN, PENA 520 GREEN RIVER LANE DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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:			02-15-2006 9549370227 <small>Date Daytime Phone #</small>		