2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000120369

1. Entity Name
ARCAD, INC.

Principal Place of Business	Mailing Address
520 GREEN RIVER LN DAVIE, FL 33325	P.O. BOX 550756 FORT LAUDERDALE, FL 33355

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
74-3029817	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, BIBIAN
520 GREEN RIVER LN
DAVIE, FL 33325

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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)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	PENA, BIBIAN
STREET ADDRESS	520 GREEN RIVER LN
CITY-ST-ZIP	DAVIE, FL 33325

TITLE	VP
NAME	BIBIAN, PENA
STREET ADDRESS	520 GREEN RIVER LANE
CITY-ST-ZIP	DAVIE, FL 33325

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80061-021 150.00

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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: _____   04-24-07   954-937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   0227   Daytime Phone #