

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90556 034 \*\*\*150.00

<b>DOCUMENT # P01000121553</b> 1. Entity Name <b>ARCON INTERNATIONAL CORPORATION</b>			
Principal Place of Business <b>525 N.W. 27TH AVENUE 206-B MIAMI, FL 33125</b>		Mailing Address <b>525 N.W. 27TH AVENUE 206-B MIAMI, FL 33125</b>	
2. Principal Place of Business <b>1099 NW 27th CT</b> Suite, Apt. #, etc. <b># 1</b>		3. Mailing Address <b>1099 NW 27th CT</b> Suite, Apt. #, etc. <b># 1</b>	
City & State <b>Miami</b>		City & State <b>Miami</b>	
Zip <b>33125</b> Country <b>USA</b>		Zip <b>33125</b> Country <b>USA</b>	
4. FEI Number <b>80-0003214</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, BERNARDO E 525 N.W. 27TH AVENUE, APT 206-B MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>Perez, BERNARDO E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1099 NW. 27th CT #1</b> City <b>Miami</b> FL Zip Code <b>33125</b>	
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  DATE <b>04.26.05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PEREZ, BERNARDO E 525 N.W. 27TH AVENUE, SUITE 206-B MIAMI, FL 33125</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Perez, BERNARDO E. 1099 NW 27th CT #1 MIAMI FL 33125</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PINERO, DENNIS I 525 N.W. 27TH AVENUE, SUITE 206-B MIAMI, FL 33125</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date <b>04.26.05</b> Daytime Phone # <b>305.541.1962</b>	