

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000121553



1. Entity Name  
ARCON INTERNATIONAL CORPORATION

Principal Place of Business  
525 N.W. 27TH AVENUE  
206-B  
MIAMI, FL 33125

Mailing Address  
525 N.W. 27TH AVENUE  
206-B  
MIAMI, FL 33125

2. Principal Place of Business  
1099 NW 27th CT

Suite, Apt. #, etc.

# 1

3. Mailing Address  
1099 NW 27th CT

Suite, Apt. #, etc.

# 1

City & State

Miami

City & State

Miami

Zip

33125

Country

USA

Zip

33125

Country

USA

6. Name and Address of Current Registered Agent

PEREZ, BERNARDO E  
525 N.W. 27TH AVENUE, APT 206-B  
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name Perez, BERNARDO E.

Street Address (P.O. Box Number is Not Acceptable)

1099 NW. 27th CT #1

City Miami

FL Zip Code 33125

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 renewing)

DATE

04. 26. 05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PEREZ, BERNARDO E  
STREET ADDRESS 525 N.W. 27TH AVENUE, SUITE 206-B  
CITY-ST-ZIP MIAMI, FL 33125

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Perez, BERNARDO E.  
NAME 1099 NW 27th CT #1  
STREET ADDRESS  
CITY-ST-ZIP Miami FL 33125

Change  Addition

TITLE VP  
NAME PINERO, DENNIS I  
STREET ADDRESS 525 N.W. 27TH AVENUE, SUITE 206-B  
CITY-ST-ZIP MIAMI, FL 33125

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.26.05 305.541.1962

Date

Daytime Phone #



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

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