

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060344

Entity Name: ARCH CREEK GP CORP.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1172 SOUTH DIXIE HWY., STE. 369
CORAL GABLES, FL 33146

New Principal Place of Business:

1172 SOUTH DIXIE HWY #369
CORAL GABLES, FL 33146

Current Mailing Address:

1172 SOUTH DIXIE HWY., STE. 369
CORAL GABLES, FL 33146

New Mailing Address:

1172 SOUTH DIXIE HWY #369
CORAL GABLES, FL 33146

FEI Number: 33-1024041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUACES, JOAQUIN
1172 S. DIXIE HWY
#369
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MIAMI MAR INC
1172 SOUTH DIXIE HWY
#369
CORAL GABLES, FL 33146 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: JOAQUIN LUACES

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LUACES, JOAQUIN
Address: 1172 SOUTH DIXIE HWY., STE. 369
City-St-Zip: CORAL GABLES, FL 33146

Title: TV () Delete
Name: BRELAND, EVERETT
Address: 1172 SOUTH DIXIE HWY., STE. 369
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: LUACES, JOAQUIN E
Address: 1172 S. DIXIE HWY #369
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: LUACES, JOAQUIN E PRES
Address: 1172 SOUTH DIXIE HWY #369
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Change () Addition
Name: LUACES, J. ENRIQUE VP
Address: 1172 SOUTH DIXIE HWY #369
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Change () Addition
Name: RHYNE, REBECA SEC
Address: 1172 SOUTH DIXIE HWY #369
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAQUIN LUACES

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date