

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007692

1. Entity Name  
CON-ARCH DESIGNERS INC.



Principal Place of Business  
300 SW 107 AVE.  
202  
MIAMI, FL 33165

Mailing Address  
3529 SW 112 PL  
MIAMI, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302006 Chg-P CR2E034 (11/05)

4. FEI Number  
55-0816165

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENITEZ, BOB  
3529 SW 112 PL  
MIAMI, FL 33165

Name

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

City

FL

Zip Code

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, 2006 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 ☐ Delete  
NAME NORAT, LETICIA  
STREET ADDRESS 121 TAMiami CANAL RD  
CITY-ST-ZIP MIAMI, FL 33144

TITLE VS ☐ Delete  
NAME FERNANDEZ, MAYRA B  
STREET ADDRESS 3510 SW 87 PL  
CITY-ST-ZIP MIAMI, FL 33165

TITLE D ☐ Delete  
NAME CALDERIN, MANUEL  
STREET ADDRESS 2529 SW 24 TERR  
CITY-ST-ZIP MIAMI, FL 33145

TITLE D ☐ Delete  
NAME CARMEN, CID  
STREET ADDRESS 2419 VAN BUREN ST.  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Leticia Norat* LETICIA NORAT

4/26/06

305-559-6498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 MAY 22 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

