

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007692

FILED
Jan 28, 2009
Secretary of State

Entity Name: CON-ARCH DESIGNERS INC.

Current Principal Place of Business:

2131 SW 138 CT
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2131 SW 138 CT
MIAMI, FL 33175

New Mailing Address:

FEI Number: 55-0816165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORAT, LETICIA
2131 SW 138 CT
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORAT, LETICIA
Address: 2131 SW 138 CT
City-St-Zip: MIAMI, FL 33144

Title: VS () Delete
Name: FERNANDEZ, MAYRA B
Address: 3510 SW 87 PL
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: CARMEN, CID
Address: 2419 VAN BUREN ST.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LETICIA NORAT

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date