2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# P03000030776

Entity Name: ARCIA INVESTMENT GROUP, INC.

Current Principal Place of Business:

7735 NW 146TH STREET
302
MIAMI LAKES, FL 33016

New Principal Place of Business:

7735 NW 146TH STREET
100
MIAMI LAKES, FL 33016

Current Mailing Address:

7735 NW 146TH STREET
302
MIAMI LAKES, FL 33016

New Mailing Address:

7735 NW 146TH STREET
100
MIAMI LAKES, FL 33016

FEI Number: 65-1179896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCIA, OMAR J
7735 NW 146TH STREET
302
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

ARCIA, OMAR J
7735 NW 146TH STREET
100
MIAMI LAKES, FL 33016 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: OMAR J. ARCIA 02/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARCIA, OMAR J
Address: 7735 NW 146TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete
Name: ARCIA, MARTA N
Address: 7735 NW 146TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARCIA, OMAR J
Address: 7735 NW 146TH STREET, SUITE 100
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP (X) Change ( ) Addition
Name: ARCIA, MARTA N
Address: 7735 NW 146TH STREET, SUITE 100
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OMAR J. ARCIA PRES 02/18/2005
Electronic Signature of Signing Officer or Director Date