## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000043910 05-03-2004 90714 032 \*\*\*150.00 1. Entity Name ARQUETIPO LIMITADA INC. Principal Place of Business Mailing Address 1961 NW 33 AVENUE 1961 NW 33 AVENUE MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 13-405 949 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6...Name and Address of Current Registered Agents 7. Name and Address of New Registered Agent\_= KAFRUNI, MICHEL Street Address (P.O. Box Number is Not Acceptable) 2280 W 8TH CT HIALEAH, FL 33010 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE Delete TITLE Change ☐ Addition KAFRUNI, MICHEL NAME NAME STREET ADDRESS 1961 NW 33RD AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 40 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or truttee empowered to execute this perfort as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attrachment with an indicaters with all other like removement. of the corporation or the receiver or tri changed, or on an attachment with an

ING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**