2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

. ANNOAL REPORT							_	- May u	3, 2005 0	J8:UU A
DOCUMENT # P03000043910 1. Entity Name ARQUETIPO LIMITADA INC.									crétary of	
Delegacional Ologo	معملون المام			- Al-Tan Antologia			1			
Principal Place 1961 NW 33 MIAMI, FL 3	AVENUE	<u>:</u>	<i>3</i> ***	Mailing Address 1961 NW 33 AVEN MIAMI, FL 33125				il Buren (kill Ebill Bulls f		l nelikel li teni
2. Principal Place of Business -			3- Mailing Address							
Suite, Apt.				Sulte. Apt. #, etc			04292005	Chg-P	CR2E034 (10/0	3)
	City & State			City & State			4. FEI Numb 13-425			Applied For Not Applicable
Zip		Country		Zip	Cour	ntry	<u> </u>	e of Status Desired	□ \$8.75 Fee Requ	
	5. Name	and Address	of Current Re	gistered Agent		ļ. 	7. Name ani	d Address of New	Registered Agent	
Name Name								e -		{
KAFRUNI, MICHEL 2280 W 8TH CT HIALEAH, FL 33010				Street Address			(P.O. Box Number is Not Acceptable)			
										` _
						City			FL Zip C	ode
8. The above	named entit	v submits this	statement for th	he purpose of changin	o its register	ed office or register	red agent or his	oth in the State of F		th and accept
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 registored agent and title if applicable (NOTE Registered Agent organizer required when reinstating) OATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFF	CERS AND DI	RECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO	DRS IN 11
TITUE	ם		• •	Delete	TITL	E			☐ Chang	e 🔲 Addition
NAME	1	, MICHEL			NAM			YQQQQQ	3359354 -80153-009 1	
STREET ADDRESS City-St-Zip	1961 NW MIAMI, FL	33RD AVE _ 33125				EET ADORESS ST - ZIP		U5/U4/U5*	-80123-009]	50.00
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CITY-ST-ZIP						-ST-ZIP				
12. Thereby o	ertify that the	information s	pplied with th	s filing does not quali	fy for the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes	I further certify that th	e information
indicated of the corp	on this repor paration or th	t or supplemer ne receiver or t	rtal report is tru Justee empowe	if and accurate and the property of the property of the execute this re	hat my signal port as requi	ture shall have the red by Chapter 607	same legal effé . Florida Statute	ct as if made under es, and that my nan	I further certify that the oath; that I am an office appears in Block 10	er or director or Block 11 if
changed,	or on an afta	anment with a	n address, with	nall other like empowe	ered			/ /		
SIGNATURE: DESCRIPTION AND THE OR PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OF DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PHILIPPED NAME OF TH										
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