
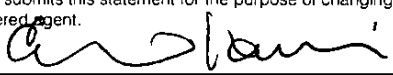
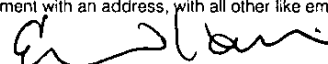


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90181 037 ***150.00

DOCUMENT # P03000058901					
1. Entity Name ARCO, INC.					
Principal Place of Business 175 FONTAINEBLEAU BLVD. SUITE # 1R MIAMI, FL 33172			Mailing Address 175 FONTAINEBLEAU BLVD. SUITE # 1R MIAMI, FL 33172		
2. Principal Place of Business 111 SW 3rd Street Suite, Apt. #, etc. 6th Floor		3. Mailing Address 8235 SW 85 Terrace Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 56-2363552	
Zip 33130		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAHINE, ANTONIO 175 FONTAINEBLEAU BLVD. SUITE # 1R MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: Elliott Harris Street Address (P.O. Box Number is Not Acceptable): 111 SW 3rd Street 6th Floor City: Miami FL Zip Code: 33130		
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CHAHINE, ANTONIO STREET ADDRESS 111 SW 3RD STREET, SIXTH FLOOR CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE PD NAME Chahine, Antonio STREET ADDRESS 8235 SW 85 Terrace CITY-ST-ZIP Miami, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME CHAHINE, ANTONIO JR STREET ADDRESS 111 SW 3RD STREET, SIXTH FLOOR CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE VD NAME Chahine, Antonio Jr. STREET ADDRESS 8235 SW 85 Terrace CITY-ST-ZIP Miami, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CHAHINE, ISABEL STREET ADDRESS 111 SW 3RD STREET, SIXTH FLOOR CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE SD NAME Chahine, Isabel STREET ADDRESS 8235 SW 85 Terrace CITY-ST-ZIP Miami, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CHAHINE, NASIM STREET ADDRESS 111 SW 3RD STREET, SIXTH FLOOR CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE TD NAME Chahine, Nasim STREET ADDRESS 8235 SW 85 Terrace CITY-ST-ZIP Miami, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CHAHINE, ROSA STREET ADDRESS 111 SW 3RD STREET, SIXTH FLOOR CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE D NAME Chahine, Rosa STREET ADDRESS 8235 SW 85 Terrace CITY-ST-ZIP Miami, Florida 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HARRIS, ELLIOTT STREET ADDRESS 111 SW 3RD STREET, SIXTH FLOOR CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE S NAME HARRIS, ELLIOTT STREET ADDRESS 111 SW 3RD STREET, SIXTH FLOOR CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		SECRETARY		4/17/06 (305) 358-0146	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					