

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000080378

1. Entity Name
ARCADIA HOLDINGS, INC.



Principal Place of Business
**902 CLINT MOORE RD STE 126
BOCA RATON, FL 33487**

Mailing Address
**902 CLINT MOORE RD STE 126
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2022744	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRINGALI, S. JAMES
902 CLINT MOORE RD STE 126
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRINGALI, S. JAMES
STREET ADDRESS	902 CLINT MOORE RD STE 126
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	STD
NAME	TRINGALI, JOHN M
STREET ADDRESS	902 CLINT MOORE RD STE 126
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	DV
NAME	ZACCAGNINI, ELEANOR
STREET ADDRESS	902 CLINT MOORE RD STE 126
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80057-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cys

Daytime Phone

4/5/06 561 994-3440