

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 046 ***150.00

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1. Entity Name
ARCAO ENTERPRISES, INC.



Principal Place of Business
11540 WILES ROAD
SUITE 5
CORAL SPRINGS, FL 33076 US

Mailing Address
11540 WILES ROAD
SUITE 5
CORAL SPRINGS, FL 33076 US



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0190381

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, MICHELLE
11540 WILES ROAD
SUITE 5
CORAL SPRINGS, FL 33076

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CALDWELL, MICHELLE
2970 NW 68 AVENUE
MARGATE, FL 33063
*6781 Wild Orchid Trail
Lake Worth, FL 33467*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CALDWELL, JAMES A
2970 NW 68 AVENUE
MARGATE, FL 33063
*6781 Wild Orchid Trail
Lake Worth, FL 33467*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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

Michelle Caldwell
4/21/06 954.344.4413
Date Daytime Phone #

Michelle Caldwell