


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000095301 1. Entity Name ARCACO ENTERPRISES, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0190381	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALDWELL, MICHELLE 6781 WILD ORCHID TRAIL LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CALDWELL, JAMES A 6781 WILD ORCHID TRAIL LAKE WORTH, FL 33467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/07-80070-007 150.00

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: Michelle Caldwell 4/23/07 954.344.4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michelle Caldwell