

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90181 008 \*\*\*150.00

**DOCUMENT # P03000100359**

1. Entity Name  
**ARINCI CONSTRUCTION, INC.**



Principal Place of Business  
**2544 WOODGATE BLVD APT 204  
ORLANDO, FL 32822**

Mailing Address  
**2544 WOODGATE BLVD APT 204  
ORLANDO, FL 32822**

**60022319**



2. Principal Place of Business

**5800 SAGUNTO ST**

3. Mailing Address

**5800 SAGUNTO ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052006

Chg-P

CR2E034 (11/05)

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number

**05-0585446**

Applied For

Not Applicable

Zip

**32807**

Country

**USA**

Zip

**32807**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VILLALBA, RAFAEL  
2544 WOODGATE BLVD APT 204  
ORLANDO, FL 32822**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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]*

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	D	<input type="checkbox"/> Delete
NAME	VILLALBA, RAFAEL	
STREET ADDRESS	2544 WOODGATE BLVD APT 204	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	O	<input type="checkbox"/> Delete
NAME	VILLALBA, ESTEBAN	
STREET ADDRESS	2544 WOODGATE BLVD APT 204	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

**RAFAEL VILLALBA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/05/06**

Date

**407-970-5057**

Daytime Phone #