2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

	1. Entity Nam ARCCO I		217			4-18-2005 90.	329 042 ***	130.00	•
	Principal Plac 939 NW 35T FT. LAUDERC		Mailing Address 939 NW 35TH CT. FT. LAUDERDALE, FL 33	309			500	3785	9
	2 Principal D	lace of Business	3. Mailing Address						
	z. Philopair	race of business	5. Walling Address			6011 61011 6011 6814 60	181 191 68 11 129 1		
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04152005	Chg-P	CR2E03	4 (10/03)	
Ì	City & State	e	City & State	······································	4. FEI Numbe	20-14	49181		oplied For of Applicable
ľ	Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add	fitional
ŀ		6. Name and Address of Current I	Registered Agent		7. Name and	Address of New I			
Ì	ALIE TARE	DODCOT I		Name					
CLIFFORD, ROBERT J 939 NW 35TH CT.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
١	FT. LAUDE	ERDALE, FL 33309			·	·			
				City			FL	Zip Cod	e
t		named entity submits this statement for	the purpose of changing its re	egistered office or regi	istered agent, or bo	th, in the State of F		miliar with,	and accept
1	the obligat	ions of registered agent.							
l	SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: f	Registered Agent senseture ren	Duired when reinstation)		DATE		
	SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. [NOTE: f	Registered Agent signature req	quired when reinstating)		DATE		·············
	FIL	Signature, typed or printed name of registered agent at the NOWIII FEE IS \$150.00 my 1, 2005 Fee will be \$550.0	9. Election Campaign	n Financing	\$5.00 May Be Added to Fees		DATE		
	FIL	e now!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OF		DIRECTOR	S IN 11
	FIL. After Ma	E NOW!!! FEE IS \$150.00 Ry 1, 2005 Fee will be \$550.0 OFFICERS AND	9. Election Campaign Trust Fund Contrib	n Financing pution	\$5.00 May Be Added to Fees	CHANGES TO OF	FICERS AND I	DIRECTOR:	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND EXPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR