

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-18-2005 90029 026 ***150.00

DOCUMENT # P04000129357 1. Entity Name ARSICA INCORPORATED			
Principal Place of Business 5729 NW 194 ST HIALEAH, FL 33015 US		Mailing Address 5729 NW 194 ST HIALEAH, FL 33015 US	
2. Principal Place of Business 5729 NW 194 ST Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Hialeah, FL Zip 33015 Country U.S.A		City & State Zip Country 	
4. FEI Number 42-1644105		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OTERO, MARLENE 5729 NW 194 ST HIALEAH, FL 33015		7. Name and Address of New Registered Agent Name n/a Street Address (P.O. Box Number is Not Acceptable) City State 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 <u><i>Marlene Otero</i></u> DATE <u>05-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME OTERO, MARLENE STREET ADDRESS 5729 NW 194 ST CITY-ST-ZIP HIALEAH, FL 33015	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE VP <input type="checkbox"/> Delete NAME OTERO, MARLENE STREET ADDRESS 5729 NW 194TH ST CITY-ST-ZIP HIALEAH, FL 33015	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 		
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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 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 live empowered.			
SIGNATURE: <u><i>Marlene Otero - Marlene Otero</i></u> DATE: <u>05-13-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

786-572-9556