2006 FOR PROFIT CORPORATION

May 03, 2006 8:00 am Secretary of State ANNUAL REPORT 05-03-2006 90228 017 ***150.00 DOCUMENT # P05000005538 1. Entity Name ARCE TIN SERVICE, INC. Principal Place of Business Mailing Address 12401 W. OCKEECHOBEE RD. LOT 446 12401 W. OCKEECHOBEE RD. LOT 446 HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2172210 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARCE, AGUSTIN F Street Address (P.O. Box Number is Not Acceptable) 12401 W. OCKEECHOBEE RD. LOT 446 HIALEAH GARDENS, FL 33016 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ARCE, AGUSTIN F NAME NAME STREET ADORESS 12401 W. OCKEECHOBEE RD. LOT 446 STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33016 CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 escurate 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 requirer 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED