

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 049 ***150.00

DOCUMENT # P05000135940

1. Entity Name
ARCA SPECIAL SERVICES INC



Principal Place of Business

5454 HOFFNER RD
104
ORLANDO, FL 32812

Mailing Address

5454 HOFFNER RD
104
ORLANDO, FL 32812

2. Principal Place of Business

5454 HOFFNER RD
Suite, Apt. #, etc.
104

3. Mailing Address

5454 HOFFNER RD
Suite, Apt. #, etc.
104

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32812

Country

U.S.A.

Zip

32812

Country

U.S.A.

02132006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3582973

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, JUAN F SR
5454 HOFFNER RD
104
ORLANDO, FL 32812

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, 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 P ☐ Delete
NAME ARCEINIEGAS, ROBERTO
STREET ADDRESS 5454 HOFFNER RD SUITE 104
CITY-ST-ZIP ORLANDO, FL 32812

TITLE CEO ☐ Delete
NAME RAMIREZ, JUAN F
STREET ADDRESS 5454 HOFFNER RD SUITE 104
CITY-ST-ZIP ORLANDO, FL 32812

TITLE VP ☒ Delete
NAME CARRASQUILLA, SERGIO
STREET ADDRESS 5454 HOFFNER RD SUITE 104
CITY-ST-ZIP ORLANDO, FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/06

Date

407 3846771

Daytime Phone #