2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

06-22-2007 90001 035 ***150.00
08-20-2007 90055 029 ***408.75

DOCUMENT # P05000155613

1. Entity Name
M & A ARCAS CORPORATION

Principal Place of Business	Mailing Address
1806 SE FALLON DR PORT ST LUCIE, FL 34983	1806 SE FALLON DR PORT ST LUCIE, FL 34983

06082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-3856469 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO
1806 SE FALLON DR
PORT ST LUCIE, FL 34983

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 $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTILLO, ALVARO 1806 SE FALLON DR PORT ST LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASTILLO, AURA L. 1806 SE Fallon Dr Port St. Lucie, FL 34983	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARCINIEGAS-GARCIA, MARCO A 403 S NECTAR AVE GALLOWAY, NJ 08205	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 6-18-07 (772) 336-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40129622
#P05000155613

ALVARO A. CASTILLO OR
AURA L. CASTILLO
1806 S.E. FALLON DR.
PORT SAINT LUCIE, FL 34983-4506

09-96

1895

Date 5-15-07

63-4/630 FL
1607

Pay to the Order of Florida Department of State Division of Corp. $ 150.00

One Hundred fifty _____ Dollars

Bank of America

Bank of America Advantage®

ACH R/T 063100277

For Doc to # P05000155613 A Castillo

©Clarke American

Your Information

ATTACHMENT

40129622
#P05000155613

Account Number: 001[illegible]5516 5055

ALVARO A. CASTILLO OR
ADRIEL CASTILLO
1966 S.E. FALLON DR.
PORT ST. LUCIE, FL 34952

1895
10-7115/631

Pay to the order of Florida Department of State Division of Corps $ 150.00
One Hundred fifty ——— Dollars

Bank of America
ATM/Teller

Bank of America Advantage

For Inquiry P05000155613 Castillo

Ref. No.: 813106640167975 Amount: 150.00