2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# P05000155613

Entity Name: M & A ARCAS CORPORATION

Current Principal Place of Business:

1806 SE FALLON DR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1806 SE FALLON DR
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-3856469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASTILLO, ALVARO
Address: 1806 SE FALLON DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP ( ) Delete
Name: CASTILLO, AURA L
Address: 1806 SE FALLON DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: CASTILLO, ORLANDO
Address: 8834 W FLAGLER ST APT 3
City-St-Zip: MIAMI, FL 33174

Title: S ( ) Change (X) Addition
Name: CASTILLO, JULIA
Address: 8834 W FLAGLER APT 3
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO CASTILLO P 03/28/2008

Electronic Signature of Signing Officer or Director — Date