

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000035050

Entity Name: ARCE CONTRACTORS INC

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

10890 SW 186TH STREET
21
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10890 SW 186TH STREET
21
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-8713970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCE, KATRINA
8844 SW 197TH TERRACE
MIAMI, FL 33157 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARCE, MANUEL
Address: 8844 SW 197TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: ARCE, KATRINA
Address: 8844 SW 197TH TERRACE
City-St-Zip: MIAMI, FL 33157

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: ALFAYA, FREDDY
Address: 4308 IVANHOE DRIVE
City-St-Zip: TITUSVILL, FL 32796

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: KATRINA ARCE

VP

09/02/2008

Electronic Signature of Signing Officer or Director

Date