


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000017759
 1. Entity Name
 ARPAICO INC.



Principal Place of Business
 3078 N.W. 13 ST
 MIAMI, FL 33125

Mailing Address
 3078 N.W. 13 ST
 MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0404307

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALVARADO, VICTOR A
 3078 N.W. 13 ST
 MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	ALVARADO, ALCIDES D
STREET ADDRESS	3078 N.W. 13 ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	V
NAME	ALVARADO, VICTOR A
STREET ADDRESS	3078 N.W. 13 ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	S
NAME	ALVARADO, VILMA D
STREET ADDRESS	3078 N.W. 13 ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/26/08-80019-005 150.00

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *2/11/08* **Date**

Daytime Phone # _____ **Daytime Phone #**