

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085304

FILED
Mar 24, 2009
Secretary of State

Entity Name: ARCAACCOUNTING & BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

3785 NW 82 ND AVE
#109
DORAL, FL 33166

New Principal Place of Business:

3785 NW 82 ND AVE
#109
DORAL, FL 33166 US

Current Mailing Address:

3785 NW 82 ND AVE
#109
DORAL, FL 33166

New Mailing Address:

3785 NW 82 ND AVE
#109
DORAL, FL 33166 US

FEI Number: 65-0534991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPELLARO, ALICIA R
10140 COSTA DEL SOL BLVD
DORAL, FL 33178 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: PD () Delete
Name: CAPPELLARO, ALICIA R
Address: C/O 10140 COSTA DEL SOL BLVD.
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: ARCHER, JOHN F
Address: 5747 SW 130TH TERRACE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALICIA CAPPELLARO

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date