

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 046 ***150.00

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1. Entity Name
ARCO COMMUNICATIONS NETWORK, CORP.



Principal Place of Business
**3905 SW 110 AVE.
MIAMI, FL 33165**

Mailing Address
**3905 SW 110 AVE.
MIAMI, FL 33165**

40009279



DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0531390

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOMINGUEZ, JORGE
3905 SW 110 AVE.
MIAMI, FL 33165**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **DOMINGUEZ, JORGE** *new address*
STREET ADDRESS **16100 SW 155 COURT** *10101 SW 125th Ave*
CITY-ST-ZIP **MIAMI, FL** *MIAMI FL 33186*

TITLE **VP**
NAME **DOMINGUEZ, EDUARDO**
STREET ADDRESS **10940 SW 36 STREET**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **S**
NAME **DOMINGUEZ, DALIA**
STREET ADDRESS **10940 SW 36 STREET**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/06

Date

305.223.2561

Daytime Phone #