


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # P95000023531 1. Entity Name LOS ARCOS DE BRICKELL CORP.			
Principal Place of Business 3611 N.W. SOUTH RIVER DR MIAMI, FL 33142		Mailing Address PO BOX 14 3131 CORAL GABLES, FL 33114	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0585336		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAENZ, CARLOS A 999 BRICKELL BAY DRIVE T-1-807 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME SAENZ, CARLOS A	TITLE NAME	CITY-ST-ZIP MIAMI, FL 33131
STREET ADDRESS 999 BRICKELL BAY DR	CITY-ST-ZIP MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME JARAMILLO, PATRICIA	TITLE NAME	CITY-ST-ZIP MIAMI, FL 33142
STREET ADDRESS 3611 N.W. S RIVER DR	CITY-ST-ZIP MIAMI, FL 33142	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME JARAMILLO, ADRIANA	TITLE NAME	CITY-ST-ZIP CORAL GABLES, FL 33114
STREET ADDRESS 600 BILTMORE WAY	CITY-ST-ZIP CORAL GABLES, FL 33114	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME SAENZ, C MICHAEL	TITLE NAME	CITY-ST-ZIP MIAMI, FL 33142
STREET ADDRESS 3611 N W S RIVER DR	CITY-ST-ZIP MIAMI, FL 33142	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	CITY-ST-ZIP	TITLE NAME	CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	CITY-ST-ZIP	TITLE NAME	CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Carlos A. Saenz		Date: 2/14/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 633-8709	



02142007 Chg-P CR2E034 (12/06)

100000640892 Change Addition
 02/28/07-80086-015 150.00

Handwritten signature of Carlos A. Saenz