


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000023531**


1. Entity Name  
**LOS ARCÓS DE BRICKELL CORP.**



Principal Place of Business      Mailing Address

**3611 N.W. SOUTH RIVER DR**      **PO BOX 14 3131**  
**MIAMI, FL 33142**                      **CORAL GABLES, FL 33114**

**DO NOT WRITE IN THIS SPACE**



01072008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0585336</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SAENZ, CARLOS A**  
**999 BRICKELL BAY DRIVE**  
**T-1-807**  
**MIAMI, FL 33131**

**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)

**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

05/08/08-80023-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAENZ, CARLOS A 999 BRICKELL BAY DR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, PATRICIA 3611 N.W. S RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, ADRIANA 600 BILTMORE WAY CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAENZ, C MICHAEL 3611 N W S RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**  **Carlos A. Saenz** 4/17/08 3056338709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #