

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
**3611 N.W. SOUTH RIVER DR
MIAMI, FL 33142**

Mailing Address
**PO BOX 14 3131
CORAL GABLES, FL 33114**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0585336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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)

11000000913501

05/08/08-80023-007 150.00

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

Carlos A. Saenz 4/17/08 3056338709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #