## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000023531

3611 N W S RIVER DR

MIAMI, FL 33142

Address:

City-St-Zip:

Entity Name: LOS ARCOS DE BRICKELL CORP.

FILED May 18, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
3611 N.W. MIAMI, FL	SOUTH RIVE 33142	R DR			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 14 CORAL GA	4 3131 ABLES, FL 33	114			
FEI Number:	65-0585336	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SAENZ, CA 999 BRICK T-1-807 MIAMI, FL	(ELL BAY DRI\	/E			
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SAENZ, CARLO 999 BRICKELL MIAMI, FL 331	BAY DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () JARAMILLO, PA 3611 N.W. S RI MIAMI, FL 331	VER DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () JARAMILLO, AI 600 BILTMORE CORAL GABLE	WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S () SAENZ, C MICH	Delete HAEL	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CARLOS A. SAENZ P 05/18/2009