

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90027 042 ***150.00

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1. Entity Name
ARCO GLOBAL TRACKING SYSTEMS, INC.



Principal Place of Business
**3905 SW 110TH AVENUE
MIAMI, FL 33165**

Mailing Address
**3905 SW 110TH AVENUE
MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0674102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINGUEZ, JORGE
16100 SW 155TH COURT
MIAMI, FL 33187

New address:
3905 SW 110th Ave
Miami FL 33165

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, JORGE 16100 SW 155TH COURT MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOMINGUEZ, EDUARDO 10940 SW 36 ST. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DOMINGUEZ, DALIA 10940 SW 36 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/21/05
Date

305 223 2561
Daytime Phone #