


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 022 ***150.00

DOCUMENT # P96000051328 1. Entity Name ARCO GLOBAL TRACKING SYSTEMS, INC.	
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Principal Place of Business 3905 SW 110TH AVENUE MIAMI, FL 33165	Mailing Address 3905 SW 110TH AVENUE MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0674102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOMINGUEZ, JORGE 3905 SW 110TH AVE MIAMI, FL 33165	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, JORGE <i>New address:</i> 10100 SW 155TH COURT 10101 SW 125 th Ave. MIAMI, FL 33187 Miami FL 33186
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, F; 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **1/16/06** **305-223-2561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #