

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000051328

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**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0674102

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOMINGUEZ, JORGE
3905 SW 110TH AVE
MIAMI, FL 33165**

**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)

DATE _____

**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	PD
NAME	DOMINGUEZ, JORGE
STREET ADDRESS	10101 SW 125TH AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD
NAME	DOMINGUEZ, EDUARDO
STREET ADDRESS	10940 SW 36 ST.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	TSD
NAME	DOMINGUEZ, DALIA
STREET ADDRESS	10940 SW 36 ST
CITY-ST-ZIP	MIAMI, F; 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000873118
04/10/08-80067-005 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

305 223 2561

Daytime Phone #