

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009782

FILED  
May 05, 2004  
Secretary of State

Entity Name: ARCCA, INC.

**Current Principal Place of Business:**

13920 ALAMANDA AVENUE  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

13920 ALAMANDA AVENUE  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 65-0729042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIDALGO, ALFREDO  
13920 ALAMANDA AVENUE  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HIDALGO, ALFREDO  
Address: 13920 ALAMANDA AVENUE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Delete  
Name: DELA ROSA, RAMON  
Address: 13921 CYPRESS COURT  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RAMON DE LA ROSA

VP

05/05/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date