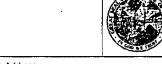
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2008 08:00 AM Secretary of State

| n | CL | IN | MENT # P99000004689 | |
|---|----|----|----------------------------|--|

1. Entity Name

ARCA COMPUTERS INC.



Principal Place of Business

15951 N.E. MIAMI DRIVE MIAMI, FL 33162

Mailing Address 15951 N.E. MIAMI DRIVE MIAMI, FL 33162



DO NOT WRITE IN THIS SPACE

01142008 CR2E034 (11/05) 4. FEI Number Applied For 65-0887918 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

QUEVEDO-GONZALEZ, CARMEN 15951 N.E. MIAMI DRIVE MIAMI, FL 33162

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere | ed office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | | | | |
|---|---|--|----------------|--------------------------------|---|--|--|--|--|
| SIGNATURE_ | 1 | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | • | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GONZALEZ, ARNALDO 15951 N.E. MIAMI DRIVE MIAMI, FL 33162 | | | | | | | | |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP | VD QUEVEDO-GONZALEZ, CARMEN 15951 N.E. MIAMI DRIVE MIAMI, FL 33162 | | | | U00000787692 01/18/08-80010-004 150.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| NAME STREET ADDRESS CHY-ST-ZIP- | | | | | | | | | |
| indicated of the corp | on this report or supplemental report is true a | and accurate and that my signated to execute this report as requir | ure shall hav | e the same legal effe | Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if | | | | |