2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # P9900004 1. Entity Name H.B. ARCO AUTOMOBILE, INC.	5932				90291 042 *	***150.00
Principal Place of Business 1100 E. 21ST ST. HIALEAH, FL 33013	Mailing Address 1100 E. 21ST ST. HIALEAH, FL 33013			· 14	011359	
n have specify and a contribution to contribution to contribution to contribution to contributions.		د در				
DO NOT WRITE IN THIS SPA		CE	04252005 4. FEI Numb 65-092 5. Certificate		CR2E034 (************************************	10/03) Applied For Not Applicable 75 Additional Required
6. Name and Address of Current Registered Agent				CONTRACT CON	. projekta Zemonia del	
BELLO, HERIBERTO 1100 E. 21ST ST. HIALEAH, FL 33013		DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement f the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.			istered agent, or bo	oth, in the State of Fl	orida. I am famili	ar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			\$5.00 May Be Added to Fees			
10. OFFICERS AND	DIRECTORS	1	 	<u> </u>		· · · · · · · · · · · · · · · · · · ·
TITLE PD NAME BELLO, HERIBERTO STREET ADDRESS 1062 E. 21ST ST. CITY-ST-ZIP HIALEAH, FL 33013 TITLE SD NAME BELLO, ALEXANDER						:
STREET ADDRESS 1062 E. 21ST ST. CITY-ST-ZIP HIALEAH, FL 33013		_				
NAME		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SI	PACE	
TITLE NAME						

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: ALLIA SIE TO POLICE HER DE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR DE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR