## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 03, 2007 8:00 am Secretary of State DOCUMENT # P99000090302 1. Entity Name 04-03-2007 90013 007 \*\*\*158.75 ARCA INVESTMENT, INC. Principal Place of Business Mailing Address MARGATE-BROWARD MARGATE-BROWARD 1045 N ST RD 7 1045 N ST RD 7 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0957567 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARDONA, ARTURO 4960 E. SABAL PALM BLVD. #111 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33319 City Zip Code 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 reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VICIE P. CARDONA SR. Change JADONA SR. Change JA TITLE TITLE Addition Delete CARDONA, ARTURO 52. NAME NAME 1045 N. ST. RD. 7 👸 🙀 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 TAMARAC FL. 33319 CITY-ST-ZIP CITY-ST-ZIP SECRETARY-TREASURER Change THE TITLE MARIA C. CARDONA 4960 E. SABAL PALM BLUD. FULL NAME NAME STREET ADDRESS STREET ADDRESS TAMARAC FL. 33319 City-S1-ZiP CITY-ST-7IP THIE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_CI\_NO CITY-ST Zift TITLE Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP TITLE ☐ Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y - ST - 71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 tike empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED