

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32889

FILED
Feb 19, 2009
Secretary of State

Entity Name: ARSENIO GARCIA BUILDING ACCOUNT CORPORATION

Current Principal Place of Business:

1952 W FLAGLER ST
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1952 W FLAGLER ST
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0357007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ARSENIO
1952 W FLAGLER ST
MIAMI, FL 33135 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: DP () Delete
Name: GARCIA, ARSENIO,
Address: 1952 W FLAGLER ST
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: GARCIA, FELIX RAMON,
Address: 1952 W FLAGLER ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GARCIA, ARSENIO,
Address: 1952 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

Title: V (X) Change () Addition
Name: GARCIA, FELIX RAMON,
Address: 1952 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARSENIO GARCIA

DP

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date