

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



DOCUMENT # S40235
1. Entity Name
ARQUIMIDES J. LOSADA, INC.

FILED

2007 DEC -7 AM 9:36

Principal Place of Business
1435 WEST 49TH PLACE
SUITE 206
HIALEAH FL 33012

Mailing Address
1435 WEST 49TH PLACE
SUITE 206
HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box #
8441 Dundee Terrace

3. Mailing Address
8441 Dundee Terrace

Suite, Apt. #, etc.

REINSTATEMENT
2nd MOORE CR2E034 (4/07)

City & State
Miami Lakes, FL

City & State
Miami Lakes FL

Zip
33006 Country
USA

Zip
33016 Country
USA

4. FEI Number
65-0257469

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

LOSADA, ARQUIMIDES J
1435 WEST 49TH PLACE
SUITE 206
HIALEAH FL 33012
8441 Dundee Terrace
Miami Lakes, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D LOSADA, ARQUIMIDES J
STREET ADDRESS	1435 W. 49TH PLAGE, #206
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> Delete
NAME	D ARQUIMIDES J. LOSADA
STREET ADDRESS	8441 DUNDEE TERRACE
CITY-ST-ZIP	MIAMILAKES, FL. 33016
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100112597431
STREET ADDRESS	11/27/07--01016--006 **700.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100112597431
STREET ADDRESS	12/18/07--01024--005 **58.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **DEC 7 2007** Daytime Phone #