

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62768

FILED
Feb 19, 2008
Secretary of State

Entity Name: ARCA DEVELOPMENT, INC.

Current Principal Place of Business:

15476 NW 77TH CT.,SUITE 338
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

15476 NW 77TH CT.,SUITE 338
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0271254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ, JOSE M. E
782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126 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: VPS () Delete
Name: GUERRA, ARMANDO J.,
Address: 9745 JOURNEY'S END RD
City-St-Zip: CORAL GABLES, FL 33156

Title: T () Delete
Name: HERRAN, AGUSTIN,
Address: 15476 NW 77 CT #338
City-St-Zip: MIAMI LAKES, FL 33016

Title: P () Delete
Name: JAIME, CAMILO M.,
Address: 13000 OLD CUTLER RD
City-St-Zip: CORAL GABLES, FL 33156

Title: VP () Delete
Name: ROBLES, JESUS,
Address: 2555 COLLINS AVE APT # 500
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAMILO M. JAIME

P

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date