
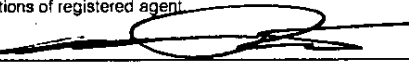



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90076 024 \*\*\*150.00

DOCUMENT # P96000021384			
1. Entity Name ARCOS MARKETING CONSULTANT CORP.			
Principal Place of Business 1561 1/2 SUNSET DR CORAL GABLES, FL 33143 US		Mailing Address P.O. BOX 561152 MIAMI, FL 33256-1152 US	
2. Principal Place of Business - No P.O. Box # 1390 SOUTH DIXIE HIGHWAY		3. Mailing Address	
Suite, Apt. #, etc. SUITE 2111		Suite, Apt. #, etc.	
City & State CORAL GABLES FL		City & State	
Zip 33146	Country USA	Zip	Country
4. FEI Number 65-0675541		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTATI, CLAUDIO 4795 NORTH KENDALL DRIVE MIAMI, FL 33156		7. Name and Address of New Registered Agent Name ROTATI, CLAUDIO Street Address (P.O. Box Number is Not Acceptable) 4795 NORTH KENDALL DR City MIAMI FL Zip Code 33156	
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:  CLAUDIO ROTATI DATE: 03/05/07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROTATI, CLAUDIO 4795 NORTH KENDALL DRIVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: March 5 2007 Daytime Phone #: 305 666 9900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	