

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000060344

**Entity Name:** ARCH CREEK GP CORP.

**Current Principal Place of Business:**

1172 SOUTH DIXIE HWY #369  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 SOUTH DIXIE HWY #369  
CORAL GABLES, FL 33146

**FEI Number:** 33-1024041

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIAMI MAR INC  
1172 SOUTH DIXIE HWY  
#369  
CORAL GABLES, FL 33146 US

*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

**Officer/Director Detail :**

Title P  
Name LUACES, JOAQUIN EPRES  
Address 1172 SOUTH DIXIE HWY #369  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name LUACES, J. ENRIQUE VP  
Address 1172 SOUTH DIXIE HWY #369  
City-State-Zip: CORAL GABLES FL 33146

Title SEC  
Name RHYNE, REBECA SEC  
Address 1172 SOUTH DIXIE HWY #369  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOAQUIN LUACES

**PRESIDENT**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date