

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90403 001 \*\*\*150.00  
 04-04-2005 90403 002 \*\*\*\*\*8.75



**DOCUMENT # P02000090814**  
 1. Entity Name  
 ARCHANGEL BUSINESS CONSULTING, INC.

Principal Place of Business 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160	Mailing Address 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160
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2. Principal Place of Business 16850-112 Collins Ave Suite, Apt. #, etc.	3. Mailing Address 16531 NE 35th Ave #11 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State Sunny Isles Beach, FL	City & State North Miami Beach, FL	4. FEI Number 56-2288025	Applied For Not Applicable
Zip 33160	Country DADE	Zip 33160	Country DADE

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 RODRIGUEZ, ANTHONY R  
 3741 SUNNY ISLES BLVD STE 282  
 N MIAMI BCH FL 33160

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, MARIA 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, CHRISTOPHER J 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, ANTHONY R 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodriguez, Anthony R 16531 N.E. 35th Ave Apt #11 North Miami Beach FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rodriguez Fernandez, Maria 16531 NE 35th Ave Apt #11 North Miami Beach FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3/30/05 786443-7915  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #