

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State



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

Principal Place of Business Mailing Address
 16850-112 COLLINS AVE 16531 NE 35TH AVE #11
 N MIAMI BCH FL 33160 N MIAMI BCH FL 33160



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **56-2288025** Applied For
 Not Applicable

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

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, 2007 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

TITLE	S	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA	
STREET ADDRESS	3741 SUNNY ISLES BLVD STE 282	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANTHONY R	
STREET ADDRESS	16531 NE 35TH AVE APT 11	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANTHONY R	
STREET ADDRESS	3741 SUNNY ISLES BLVD STE 282	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ FERNANDEZ, MARIA	
STREET ADDRESS	16531 NE 35TH AVE APT 11	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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	
STREET ADDRESS	
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000684396
 04/06/07-80033-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Maria Fernandez* 3/18/07 505 947-2924
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #