


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000116936		
1. Entity Name ARCHANGEL, INC.		

Principal Place of Business C/O JOSEPH PATERNOSTRO 901 N.E. 125TH STREET, STE. 101 NORTH MIAMI, FL 33161	Mailing Address C/O JOSEPH PATERNOSTRO 901 N.E. 125TH STREET, STE. 101 NORTH MIAMI, FL 33161
--	--



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3883041	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

**PATERNOSTRO, JOSEPH
801 N.E. 125TH STREET, SUITE 101
NORTH MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O REICH, RANDOLPH B 940 JEFFERSON AVENUE, SUITE 10 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICH, SHIRLEY A 801 N.E. 125TH STREET, SUITE 101 NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000560487
05/18/06-80041-015 150.00

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: *[Signature]* **05/01/06 305-761-7998**
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #