

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3. Apr 25, 2005 8:00 am  
Secretary of State

03-18-2005 90061 037 \*\*\*150.00

DOCUMENT # P04000095729

1. Entity Name  
ARCH PROPERTIES CORP.



Principal Place of Business

5996 SW 70 ST S  
MIAMI, FL 33143

Mailing Address

5996 SW 70 ST S  
MIAMI, FL 33143

66012660



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312005 Chg-P CR2E034 (10/03)

4. FEI Number

55-0877426

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, DENNIS A ESQ  
7000 SW 97 AVE #210  
MIAMI, FL 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3-14-05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	XP	<input type="checkbox"/> Delete
NAME	SIEGER, CHARLES M	
STREET ADDRESS	5996 SW 70 ST S	
CITY- ST- ZIP	MIAMI, FL 33143	
TITLE	XVP	<input type="checkbox"/> Delete
NAME	SUAREZ, JOSE	
STREET ADDRESS	5996 SW 70 ST S	
CITY- ST- ZIP	MIAMI, FL 33143	
TITLE	XVP	<input type="checkbox"/> Delete
NAME	GAINES, RONALD I	
STREET ADDRESS	5996 SW 70 ST S	
CITY- ST- ZIP	MIAMI, FL 33143	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	Javier Henriques	
STREET ADDRESS	5996 SW 70 ST.	
CITY- ST- ZIP	miami, FL 33143	
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
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-05