


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P94000037033                 |  |
| 1. Entity Name<br>ARCHIVE AMERICA, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>3455 NW 54 ST<br>MIAMI, FL 33142 | Mailing Address<br>3455 NW 54 ST<br>MIAMI, FL 33142 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0489568                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FISCHER, ROBERT  
 3455 NW 54ST.  
 MIAMI, FL 33142

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000065222  
 02/25/04-80029-004 150.00

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P<br>BLANK, ANDREW<br>3455 NW 54 ST<br>MIAMI, FL 33142          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BLANK, JEROME<br>3455 NW 54 ST<br>MIAMI, FL 33142            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEINSTEIN, WILL<br>3455 NW 54 ST MIAMI FL<br>MIAMI, FL 33142 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>FISCHER, ROBERT<br>3455 NW 54 ST<br>MIAMI, FL 33142         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_ Date: 2-19-04 Daytime Phone #: 305-633-8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR