2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P94000037033** 04-30-2007 90849 048 ***150.00 1. Entity Name ARCHIVE AMERICA, INC. Principal Place of Business Mailing Address 400000 3455 NW 54 ST 3455 NW 54 ST MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0489568 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition BLANK, ANDREW NAME NAME STREET ADDRESS 3455 NW 54 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP Delete TITLE ☐ Channe ■ Addition TITLE BLANK, JEROME NAME NAME 3455 NW 54 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE WEINSTEIN, WILL NAME 3455 NW 54 ST MIAMI FL STREET ADDRESS STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-ZIP Delete **M** Addition TITLE MACIA, EVELYN NAME FISCHER, ROBERT NAME 3455 NW 54 STREET 3455 NW 54 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP MIAMI, FL 33142 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Chance TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP 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

FILED

(305)

633-8587 ext 115

3/27/07

Evelyn Macia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: