

2009 FOR PROFIT CORPORATION ANNUAL REPORT

cc.

DOCUMENT # P96000032412
 1. Entity Name
 ACHEIVA ENTERPRISES, INC.



FILED
 09 FEB 25 PM 5:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 6005 BABCOCK ST., S.E.
 PALM BAY, FL 32909

Mailing Address
 6005 BABCOCK ST., S.E.
 PALM BAY, FL 32909



01062009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3372477 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 TARZIA, CARMINE
 6005 BABCOCK ST., S.E.
 PALM BAY, FL 32909

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 restateing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2009 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TARZIA, MICHAEL SR. 701 ANDREW ST. PALM BAY, FL 32909
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 02/27/09--01037--005 **150.00

DO NOT WRITE IN THIS SPACE

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: Michael Tarzia 2-18-09 321-727-7791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #