


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90175 024 ***150.00

DOCUMENT # P99000082298					
1. Entity Name ARCHIVE AMERICA OF PALM BEACH, INC.					
Principal Place of Business 3455 NW 54 STREET MIAMI, FL 33142			Mailing Address 3455 NW 54 STREET MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02052007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3606634	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANK, ANDREW	NAME			
STREET ADDRESS	3455 NW 54 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FISCHER, ROBERT	NAME	EVELYN MACIA		
STREET ADDRESS	3455 NW 54 STREET	STREET ADDRESS	3455 NW 54 STREET		
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	MIAMI, FL 33142		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Evelyn Macia</i>		Date: 3/27/07		Daytime Phone #: (305) 633-8587, ext 115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Evelyn Macia					