

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004164

**Entity Name:** ACHEE, INC.

**Current Principal Place of Business:**

3070 NW 48TH TERRACE, #216  
FT.LAUDERDALE, FL 33313

**Current Mailing Address:**

3070 NW 48TH TERRACE, #216  
FT.LAUDERDALE, FL 33313

**FEI Number:** 13-3976157

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ARBE, AUDREY S  
3070 NW 48TH TERRACE, #216  
FT.LAUDERDALE, FL 33313 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            CHRM  
Name            ARBE, AUDREY S  
Address        3070 NW 48TH TERRACE, #216  
City-State-Zip: FT.LAUDERDALE FL 33313

Title            P  
Name            ARBE, AUDREY S  
Address        3070 NW 48TH TERRACE, #216  
City-State-Zip: FT.LAUDERDALE FL 33313

Title            VCHR  
Name            BREVETT-DIB, SANDRA  
Address        8607 SW 19TH ST  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            VP  
Name            BREVETT-DIB, SANDRA  
Address        8607 SW 19TH ST  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            STD  
Name            WEAVER, KATIE  
Address        4761 BROADWAY, #6V  
City-State-Zip: NEW YORK CITY NY 10034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUDREY S. ARBE

CHRM

03/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date