

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90094 036 ***158.75

DOCUMENT # 584736	
1. Entity Name ARCHER ELEVATOR CORP.	

Principal Place of Business 2390 NW 7TH STREET 100 MIAMI, FL 33125 US	Mailing Address POST OFFICE BOX 351450 MIAMI, FL 33135-7450 US
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2. Principal Place of Business 7401 NW 7th St.	3. Mailing Address PO Box 351450
Suite, Apt. #, etc. #6	Suite, Apt. #, etc.

02282005 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 59-1904524	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country US	Zip 33135-7450	Country US

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

6. Name and Address of Current Registered Agent DUARTE, JOAQUIN 2390 NW 7TH STREET., #100 MIAMI, FL 33125		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 7401 NW 7th St., #6	
		City Miami	FL Zip Code 33126

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: *Joaquin Duarte* **JOAQUIN DUARTE, PRES** 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUARTE, JOAQUIN 2390 NW 7TH STREET., #100 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joaquin Duarte* **JOAQUIN DUARTE, PRES** 2/28/05 (305) 260-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #