

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M71241**

1. Entity Name  
ARCHE PARTNERSHIP, INC.



Principal Place of Business

7800 W OAKLAND PARK BLVD  
BLDG G  
SUNRISE, FL 33351

Mailing Address

7800 W OAKLAND PARK BLVD  
BLDG G  
SUNRISE, FL 33351



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0033123	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

JOVANOVIC, DOUGLAS ESQ.  
888 S.E. 3RD AVENUE  
SUITE 400  
FT. LAUDERDALE, FL 33316

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	THALER, GUIDO
STREET ADDRESS	400 S. POINT DR. #1103
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	PT
NAME	THALER, HERBERT
STREET ADDRESS	400 S. POINT DR., #1103
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	THALER, MANFRED
STREET ADDRESS	400 S. POINT DRIVE #1103
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000530277  
05/05/06-80110-011 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #