
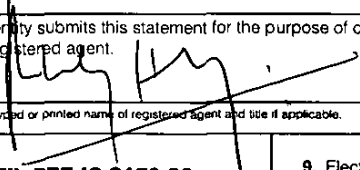
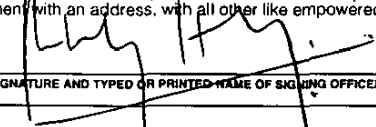


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90020 018 \*\*\*150.00

<b>DOCUMENT # P02000020076</b> 1. Entity Name <b>ARCH DECO, CORP.</b>					
Principal Place of Business <b>20505 EAST COUNTRY CLUB DR. SUITE 1832 AVENTURA, FL 33180</b>			Mailing Address <b>20505 EAST COUNTRY CLUB DR. SUITE 1832 AVENTURA, FL 33180</b>		
2. Principal Place of Business <b>2851 NE 183<sup>RD</sup> ST APT. 2114</b>			3. Mailing Address <b>2851 NE 183<sup>RD</sup> ST. APT. 2114</b>		
Suite, Apt. #, etc. <b>APT. 2114</b>			Suite, Apt. #, etc. <b>APT. 2114</b>		
City & State <b>AVENTURA, FL.</b>			City & State <b>AVENTURA, FL.</b>		
Zip <b>33160</b>		Country		4. FEI Number <b>04-3612337</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>HABER, ALBERTO H</b> <b>5880 TOWNBAY DRIVE APT. 1026</b> <b>BOCA RATON, FL 33486</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>HABER, ALBERTO H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3701 N. COUNTRY CLUB DR</b> <b>APT. 402</b> City <b>AVENTURA</b> <b>FL</b> <b>33180</b>		
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  <b>ALBERTO H. HABER</b> <b>3/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HABER, ALBERTO H</b> <b>5880 TOWNBAY DRIVE APT. 1026</b> <b>BOCA RATON, FL 33486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR</b> <b>MONICA B. FLEISHMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2851 NE 183<sup>RD</sup> ST. APT 2114</b> <b>AVENTURA, FL. 33160</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>3/8/05</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		