2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P02000054071 1. Entity Name ARCHO CORPORATION						03-14-2005 90085 028 ***150.00			
Principal Place of Business Mailing Address 100 W. DALMETTO DV. DD. 100 W. DALMETTO DV. DD.									
199 W. PALMETTO PK RD 199 W. PALMETTO PK RD #5						eff			
BOCA RATON	BOCA RATON, FL 33432 BOCA RATON, FL 33432							 	
2. Principal Place of Business 350 Camino Gardens Blud 350 Camino Gardens Blud									
Suite Apt. #, etc.			Suite, Apt. #, etc.			02162005	Chg-P	CR2E034 (10/03)	
Boca Paton, FI			Bog Raton Fr		ر	4. FEI Number 33-1006	769		plied For t Applicable
334		hutry C	33432	Country			f Status Desired	\$8.75 Add	litional ,
	-6. Name and	Address of Current R	legistered Agent			7. Name and A	ddress of New R		
NOFILIPA, JOSEPH K 3284 N STATE RD 7 LAUDERDALE LAKES, FL 33319						ddress (P.O. Box Number is Not Acceptable)			
^~						FL Zip Code			
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									
' FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.									
10.		OFFICERS AND D		11.			HANGES TO OFF	ICERS AND DIRECTORS	
TITLE NAME	P FLORES, LUIS	В	☐ Delete	TITLE NAME		ficer	uis B	Charige	Addition
STREET ADDRESS	1 99 W. PALME	TTO PK RD.		\$TREET ADDR	ss 350	ÖCamir	10 Garc	1U() 37	# 106
CITY-ST-ZIP	BOCA RATON	, FL 33432		CITY-ST-ZIP		ca var	on, the	25 730	
TITLE NAME	VST CHAVARRIA.	GUILLERMO SR	☐ Delete	TITLE NAME	750	esicul	+ Guiller		☐ Addition
STREET ADDRESS 199 W. PALMETTO PK RD.				STREET ADDR	Chavarria Guillermo SR. # 106				
CITY-ST-ZIP	BOCA RATON	FL 33432		CITY-ST-ZIP	Box	ia borto	n, fl =	3 <i>94</i> 32	
TITLE NAME	_		☐ Delete	TITLE - NAME	Vic	e- Pre	sident	Change	addition
STREET ADDRESS]	_		STREET ADDR	SS 26) (amin	o Garc	iens Blud	#106
CITY-ST-ZIP				CITY-ST-ZIP	300	ca Rak	n, 123	33432	
TITLE			☐ Delete	TITLE			,	☐ Change	☐ Addition
NAME STREET ADDRESS				NAME STREET ADDR					
CITY-ST-ZIP				CITY-ST-ZIP	.33				
TITLE			☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition
NAME				NAME					
STREET ADDRESS CITY-ST-ZIP			•	STREET ADDR	ss		· ·		
TITLE .			☐ Delete	TITLE				☐ Change	Addition
NAME			THE DELETE	NAME				. Li Change	
STREET ADDRESS			•	STREET ADDR	ss				
CITY-ST-ZIP				CITY-ST-ZIP	-				
12. I hereby indicated	certify that the info I on this report or s	mation supplied with tupplemental report is	this filing does not qualify for true and accurate and that n	r the exemption ny signature sh	stated in Se all have the	ection 119.07(3)(i) same legal effect	, Florida Statutes. as if made under	I further certify that the in oath; that I am an officer	nformation or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date