


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-04-2005 90403 001 ***150.00
04-04-2005 90403 002 *****8.75

DOCUMENT # P02000090814	
1. Entity Name ARCHANGEL BUSINESS CONSULTING, INC.	

Principal Place of Business 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160	Mailing Address 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160
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2. Principal Place of Business 16850-112 Collins Ave	3. Mailing Address 16531 NE 35th Ave #11
Suite, Apt. #, etc.	Suite, Apt. #, etc. #11

1st MOORE CR2E034 (10/04)

City & State Sunny Isles Beach, FL	City & State North Miami Beach, FL
Zip 33160	Zip 33160
Country Dade	Country Dade

4. FEI Number 56-2288025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, ANTHONY R 3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 S	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERNANDEZ, MARIA		NAME Rodriguez, Anthony R	
STREET ADDRESS 3741 SUNNY ISLES BLVD STE 282		STREET ADDRESS 16531 N.E. 35th Ave Apt #11	
CITY-ST-ZIP N MIAMI BCH FL 33160		CITY-ST-ZIP North Miami Beach FL 33160	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RODRIGUEZ, CHRISTOPHER J		NAME Rodriguez Fernandez, Maria	
STREET ADDRESS 3741 SUNNY ISLES BLVD STE 282		STREET ADDRESS 16531 NE 35th Ave Apt #11	
CITY-ST-ZIP N MIAMI BCH FL 33160		CITY-ST-ZIP North Miami Beach FL 33160	
TITLE VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, ANTHONY R		NAME	
STREET ADDRESS 3741 SUNNY ISLES BLVD STE 282		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL 33160		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	3/30/05 786443-715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #