


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-01-2006 90025 039 ***150.00

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

Principal Place of Business 16850-112 COLLINS AVE N MIAMI BCH FL 33160	Mailing Address 16531 NE 35TH AVE #11 N MIAMI BCH FL 33160
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 56-2288025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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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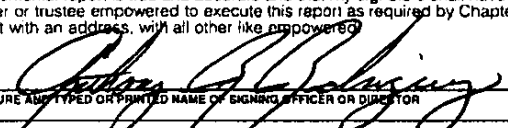
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FERNANDEZ, MARIA		NAME	
STREET ADDRESS 3741 SUNNY ISLES BLVD STE 282		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL 33160		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RODRIGUEZ, ANTHONY R		NAME	
STREET ADDRESS 16531 NE 35TH AVE APT 11		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL 33160		CITY-ST-ZIP	
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 V	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RODRIGUEZ FERNANDEZ, MARIA		NAME	
STREET ADDRESS 16531 NE 35TH AVE APT 11		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH 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 exemptions contained in Section 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  **3/11/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66007157

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

ARCHANGEL BUSINESS CONSULTING, INC.
16531 NE 35TH AVE #11
N MIAMI BCH, FL 33160

Subject: ARCHANGEL BUSINESS CONSULTING, INC.

Reference Number: P02000090814

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION

3/11/06.

Reply:

Enclosed please find Report signed
by President. Thank you!