2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
05-10-2004 90476 019 ***150.00

DOCUMENT # P03000099958

1. Entity Name
ARCHIVES SOLUTIONS CORP

66427857

Principal Place of Business	Mailing Address
1475 HOLLY HEIGHTS DR. #1 FORT LAUDERDALE, FL 33304	1475 HOLLY HEIGHTS DR. #1 FORT LAUDERDALE, FL 33304

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0254836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CADAGAN BUSINESS SOLUTIONS & ASSOCIATES 5440 N. STATE RD 7 SUITE 221 FORT LAUDERDALE, FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) City 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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOJO, ALEXIS MR		NAME		
STREET ADDRESS	1475 HOLLY HEIGHTS DR # 1		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOJO, ALEXIS MR		NAME		
STREET ADDRESS	1475 HOLLY HEIGHTS DR. # 1		STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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: Alexis Sojo 04/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #