

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055684

FILED
Mar 18, 2009
Secretary of State

Entity Name: ARCH CREEK LENDING CORP.

Current Principal Place of Business:

604 SW 64 AVE.
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 546811
SURF SIDE, FL 331546811 US

New Mailing Address:

FEI Number: 26-0703420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUKER, HOWARD L
9200 SOUTH DADELAND BOULEVARD - STE. 508
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: FONSECA, WILLIAM
Address: 2415 ARCH CREEK DRIVE
City-St-Zip: NORTH MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: FONSECA, WILLIAM
Address: 9200 SOUTH DADELAND BOULEVARD-STE.508
City-St-Zip: MIAMI, FL 33156

Title: VP () Change (X) Addition
Name: MARIA, FONSECA
Address: 9200 SOUTH DADELAND BOULEVARD -STE 508
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FONSECA

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date