

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P96000058227

1. Entity Name
ARCH ENTERPRISES OF TAMPA, INC.



Principal Place of Business
3306 WEST KENNEDY BOULEVARD
TAMPA, FL 33609

Mailing Address
3306 WEST KENNEDY BOULEVARD
TAMPA, FL 33609



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3391892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000675520
03/30/07-80022-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KALRA, NARESH A
STREET ADDRESS	3306 WEST KENNEDY BOULEVARD
CITY-STATE-ZIP	TAMPA, FL 33609

TITLE	VD
NAME	KALRA, ARCHANA N
STREET ADDRESS	3306 WEST KENNEDY BOULEVARD
CITY-STATE-ZIP	TAMPA, FL 33609

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/07