


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90579 049 ***150.00

DOCUMENT # P99000004061	
1. Entity Name ARCHANGEL INVESTIGATIONS CORP.	

Principal Place of Business 10300 SUNSET DRIVE 140 MIAMI, FL 33173 <i>DELETE</i>	Mailing Address 10300 SUNSET DRIVE 140 MIAMI, FL 33173 <i>DELETE</i>
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14007302



2. Principal Place of Business 255 EAST HADLER ST. SUITE 84-85 DUNN TOWN MIAMI, FLORIDA 33131	3. Mailing Address 17094 COLLINS AVENUE APT. A-203 SUNNY ISLES, FLORIDA 33160
City & State MIAMI, FLORIDA	City & State SUNNY ISLES, FLORIDA
Country UNITED STATES	Country UNITED STATES

04092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1097703	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent OJEDA, MEDARDO 9320 FOUNTAINBLEAU BLVD. B312 MIAMI, FL 33172 <i>DELETE</i>	7. Name and Address of New Registered Agent OJEDA, MEDARDO 17094 COLLINS AVENUE APT. A-203 SUNNY ISLES BEACH, FL 33160
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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: <i>[Signature]</i> 04/22/04 <i>MS</i> 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, 2004 Fee will be \$550.00	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																								
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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: <i>[Signature]</i> 04/22/04 (305) 979-6111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #