
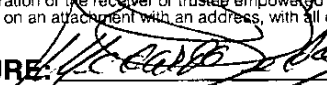


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 24 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004061 1. Entity Name ARCHANGEL INVESTIGATIONS CORP.			
Principal Place of Business 255 EAST POINT FLAGLER ST SUITE 84-85 MIAMI, FL 33131		Mailing Address 17094 COLLINS AVE APT A-203 SUNNY ISLES, FL 33160	
2. Principal Place of Business 255 EAST Flagler St Suite, Apt. #, etc. 84-85 City & State MIAMI FL Zip 33131 Country USA		3. Mailing Address 17094 Collins Ave Suite, Apt. #, etc. APT A-203 City & State Sunny Isles FL Zip 33160 Country USA	
4. FEI Number 65-1097703		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 OJEDA, MEDARDO 17094 COLLINS AVE., APT A-203 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDARDO, OJEDA 17094 COLLINS AVE., APT A-203 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDARDO, OJEDA 17094 COLLINS AVE., APT A-203 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDARDO, OJEDA 17094 COLLINS AVE., APT A-203 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		MEDARDO OJEDA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
5/6/05		305-9796111	