


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S24960</b> 1. Entity Name ARCH COMPANY, INC.	
--	---

Principal Place of Business P. O. BOX 812138 BOCA RATON, FL 33481-2138 US	Mailing Address P.O. BOX 812138 BOCA RATON, FL 33481-2138 US
---	--

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0237911	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

SIQUEIRA, GIUBERTO G  
11181 JASMINE HILL CIRCLE  
BOCA RATON, FL 33498

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000917839 05/13/08-80062-005 150.00
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIQUEIRA, GIUBERTO G 11181 JASMINE HILL CIRCLE BOCA RATON, FL 33481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SIQUERA, GIUBERTO G 11181 JASMINE HILL CIRCLE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SIQUEIRA, ADNA B 11181 JASMINE HILL CIR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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** *Adna B. Siqueira* **ADNA B. SIQUEIRA** *04/21/08* **(561) 487-2272**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #