

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002475

FILED
Mar 05, 2004
Secretary of State

Entity Name: SBLM ARCHITECTS P.C.

Current Principal Place of Business:

151 WEST 26TH ST.
2ND FL
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

11440 N. KENDALL DR.
SUITE 210
MIAMI, FL 33176

New Mailing Address:

FEI Number: 13-3723374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JAMES
11400 N. KENDALL DR.
SUITE 210
MIAMI, FL 33176 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: P () Delete
Name: BURDICK, JOSHUA
Address: 151 WEST 26TH ST., 2FL
City-St-Zip: NEW YORK, NY 10001

Title: MGRP () Delete
Name: COHEN, JAMES
Address: 11440 N. KENDALL DR., STE 210
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: MAGNUSON, PHILIP
Address: 151 WEST 26TH ST., 2 FL
City-St-Zip: NEW YORK, NY 10001

Title: C () Delete
Name: SHIFFER, EDWARD T
Address: 151 WEST 26TH ST., 2 FL
City-St-Zip: NEW YORK, NY 10001

Title: V (X) Delete
Name: KENNY, ROLANDO
Address: 636 BROADWAY 9TH FLOOR
City-St-Zip: NEW YORK, NY 10012

Title: VP () Delete
Name: LEFANDE, MICHAEL
Address: 151 WEST 26TH ST., 2 FL
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. COHEN

VP

03/05/2004

Electronic Signature of Signing Officer or Director

_____ Date