


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000000086  
 1. Entity Name  
 ALAYO CONSULTING ARCHITECT P.C.



Principal Place of Business 39 WEST 38TH STREET 11TH FL NEW YORK, NY 10048	Mailing Address 39 WEST 38TH STREET 11TH FL NEW YORK, NY 10048
---	---

**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4073652	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 MURAI, WALD, BIONDO, MORENO & BROCHIN, P.A  
 2 ALHAMBRA PLAZA  
 PENTHOUSE 1B  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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
---	---


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAYO, JUAN 39 WEST 38TH STREET 11TH FL. NEW YORK, NY 10048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

U00000712993  
 04/26/07-80069-025 150.00

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:  DATE: 4/9/07 DAYTIME PHONE #: 212 764-8990