


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F06000007754**

1. Entity Name  
**PFEIFFER PARTNERS ARCHITECTS, INC.**



Principal Place of Business      Mailing Address

811 W. 7TH ST., 7TH FLOOR      811 W. 7TH ST., 7TH FLOOR  
 LOS ANGELES, CA 90017      LOS ANGELES, CA 90017

**DO NOT WRITE IN THIS SPACE**



07062007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**34-2004015**      Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
 2731 EXECUTIVE PARK DR., SUITE 4  
 WESTON, FL 32331

**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 \_\_\_\_\_  
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**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PFEIFFER, NORMAN H 811 W. 7TH ST., 7TH FLOOR LOS ANGELES, CA 90017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PFEIFFER, NORMAN H 811 W. 7TH ST., 7TH FLOOR LOS ANGELES, CA 90017
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	

U00000769212  
 07/17/07-80002-025 150.00

**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:**       **7/12/07**      **213-624-2775**

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