

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 08, 2008  
Secretary of State**

DOCUMENT# P01000016552

Entity Name: GLOBAL ARCHITECTURE PROJECTS, INC.

**Current Principal Place of Business:**

1580 SAWGRASS CORPORATE PKWY.  
SUITE 130  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

1580 SAWGRASS CORPORATE PKWY.  
SUITE 130  
SUNRISE, FL 33323 US

**New Mailing Address:**

FEI Number: 65-1074831      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: PARRA, GILBERTO  
Address: 847 GARNET CIRCLE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GILBERTO PARRA

PSDT

05/08/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date