

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025291

Entity Name: SARDINAS ARCHITECT, INC.

FILED  
Jun 12, 2006  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 140971  
CORAL GABLES, FL 331140971

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 140971  
CORAL GABLES, FL 331140971

**New Mailing Address:**

FEI Number: 65-1099896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SARDINAS, MIKE  
1775 SW 16TH AVENUE  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: SARDINAS, MIKE  
Address: P.O. BOX 140971  
City-St-Zip: CORAL GABLES, FL 331140971

**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 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: MIKE SARDINAS

PD

06/12/2006

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

\_\_\_\_\_  
Date