


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90072 003 ***158.75

DOCUMENT # P0100011480			
1. Entity Name KOSINSKI ARCHITECTURE, INC.			
Principal Place of Business 701 NE 16TH AVENUE UNIT 8 P.O. BOX 23875 FORT LAUDERDALE, FL 33304		Mailing Address 701 NE 16TH AVENUE UNIT 8 P.O. BOX 23875 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box # 300 NE 8TH AVE.		3. Mailing Address PO BOX 30549	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL	
Zip 33301	Country USA	Zip 33303	Country USA
4. FEI Number 01-0603913		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSINSKI, PETER 701 NE 16TH AVENUE UNIT 8 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name KOSINSKI, PETER Street Address (P.O. Box Number is Not Acceptable) 300 NE 8TH AVE. City FORT LAUDERDALE FL Zip Code 33301	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOSINSKI, MARIA 701 NE 16TH AVENUE UNIT 8 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300 NE 8TH AVE. FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KOSINSKI, PETER 701 NE 16TH AVENUE UNIT 8 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300 NE 8TH AVE. FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Peter Kosinski</u> PETER KOSINSKI		04-30-07 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			