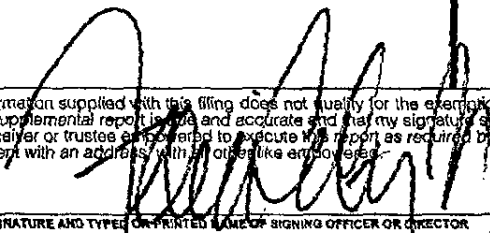


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000104049 1. Entity Name FRANK COSTOYA ARCHITECT, P.A.		
Principal Place of Business 5230 S. UNIVERSITY DRIVE SUITE 103 DAVIE, FL 33328		Mailing Address 5230 S. UNIVERSITY DRIVE SUITE 103 DAVIE, FL 33328
DO NOT WRITE IN THIS SPACE		
		 03152006 No Chg-P CR2E034 (11/05)
		4. FEI Number 64-2078754 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent COSTOYA, FRANCISCO JR 5230 S. UNIVERSITY DRIVE SUITE 103 DAVIE, FL 33328		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 reissuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSTOYA, FRANCISCO JR 5230 S. UNIVERSITY DRIVE, SUITE 103 DAVIE, FL 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COSTOYA, ALBA 5230 S. UNIVERSITY DRIVE, SUITE 103 DAVIE, FL 33328	
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		
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 an otherlike employer.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 3/15/06 Daytime Phone # 954.6814447		