


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 049 ***550.00

DOCUMENT # P03000074001

1. Entity Name
ARCHITECTURAL LIVING, INC.



Principal Place of Business Mailing Address

680 LINCOLN ROAD **1825 PONCE DE LEON BLVD**
301 **SUITE 449**
MIAMI BEACH, FL 33139 **CORAL GABLES, FL 33134**

50060752



2. Principal Place of Business 3. Mailing Address

2332 Galliano Street **2332 Galliano Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 221 **Suite 221**

08032005 Chg-P CR2E034 (10/03)

City & State City & State

Coral Gables, FL **Coral Gables, FL**

Zip Country Zip Country

33134 **Miami-Dade** **33134** **Miami-Dade**

4. FEI Number Applied For

20-0071188 Not Applicable

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

6. Name and Address of Current Registered Agent

LA ROCCA, MARGARET I
1412 NE 5TH ST.
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

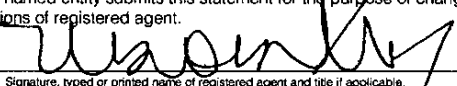
Name **Maria Flores**

Street Address (P.O. Box Number is Not Acceptable)

2332 Galliano Street

City **Coral Gables** FL Zip Code **33134**

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: **Aug. 3/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

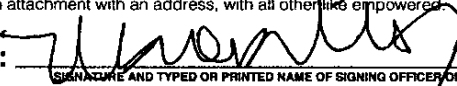
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	FLORES, MARIA	
STREET ADDRESS	1825 PONCE DE LEON BLVD # 449	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Flores, Maria	
STREET ADDRESS	2332 Galliano S	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flores, Maria	
STREET ADDRESS	2332 Galliano Street	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **Aug. 3/05** Daytime Phone #: **782766996**

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