
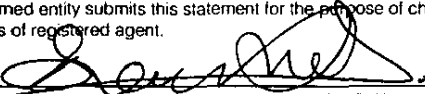
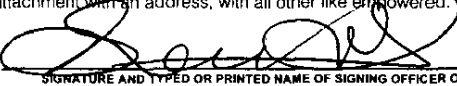


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90267 039 ***150.00

| | | |
|--|--|--|
| DOCUMENT # P04000070114 1. Entity Name STUDIO ONE ARCHITECTS, INC. | |  |
| Principal Place of Business 1200 BRICKELL BAY DRIVE SUITE 3405 MIAMI, FL 33131 | | Mailing Address 1200 BRICKELL BAY DRIVE SUITE 3405 MIAMI, FL 33131 |
| 2. Principal Place of Business - No P.O. Box # 120 NE 39th Street Suite, Apt. #, etc. | 3. Mailing Address 120 NE 39th Street Suite, Apt. #, etc. | |
| City & State MIAMI | City & State MIAMI | 4. FEI Number 16-1700432 |
| Zip 33137 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent BARAKAT, BILAL 1200 BRICKELL BAY DRIVE SUITE 3405 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name BARAKAT, BILAL Street Address (P.O. Box Number is Not Acceptable) 120 NE 39th Street City MIAMI FL Zip Code 33137 |
| 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: 04/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P NAME BARAKAT, BILAL <input checked="" type="checkbox"/> Delete | STREET ADDRESS 1200 BRICKELL BAY DRIVE SUITE 3405 | CITY-ST-ZIP MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE P NAME BARAKAT BILAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS 120 NE 39th Street |
| CITY-ST-ZIP MIAMI, FL 33137 | CITY-ST-ZIP MIAMI, FL 33137 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| 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:  | | Date: 04/29/08 Daytime Phone #: 786-344-5540 |