


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90020 002 ***158.75

DOCUMENT # P04000080533			
1. Entry Name MEDEIROS ARCHITECTURAL GROUP INC.			
Principal Place of Business 6405 NW 36 ST MIAMI, FL 33166		Mailing Address 827 SANTIAGO STREET CORAL GABLES, FL 33134	
2. Principal Place of Business <i>6405 NW 36 St</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 133</i>		Suite, Apt. #, etc.	
City & State <i>Virginia Gardens, FL</i>		City & State	
Zip <i>33166</i>	Country	Zip	Country
6. Name and Address of Current Registered Agent GUSHWA, ROY E 5190 N.W. 167TH STREET SUITE 221A MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name <i>Charles D. Medeiros</i> Street Address (P.O. Box Number is Not Acceptable) <i>827 Santiago Street</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>	
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 <i>[Signature]</i>		SIGNATURE <i>Charles D. Medeiros, President 1/31/06</i>	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MEDIEROS, CHARLES D 827 SANTIAGO STREET CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT Medeiros, Charles D 827 Santiago St Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Carmen Damazia - Medeiros 827 Santiago St Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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
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: <i>[Signature]</i>		1/31/06 (786) 514-7569	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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4. FEI Number 90-0200611 Applied For Not Applicable

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

[Handwritten Signature]

Charles D. Medeiros, President 1/31/06

1/31/06 (786) 514-7569