

Sep 07 07:55p

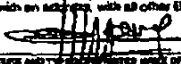
Frederic Gilbert Hassid

305 532 3585

p.1

7/16/2007-90125-045-\$400.00-\$400.00 *
7/18/23/2007-90023-004-\$150.00-\$150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # PD6000111581			
1. Entity Name ARCHITECTURAL INVESTMENTS & DESIGN, INC.			
Principal Place of Business 1504 BAY RD. STE 2202 MIAMI BEACH, FL 33139		Mailing Address 1504 BAY RD. STE 2202 MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # 1504 BAY RD. Suite, Apt. #, etc. # 2202		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI BEACH FL		City & State	
Zip 33139		Country	
4. Fee Number H08000214070		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐ \$0-75 Additional Fee Required		6. Name and Address of Current Registered Agent HASSID, GILBERT 1504 BAY RD. STE 2202 MIAMI BEACH, FL 33139	
7. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 (initials with) and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and paid if applicable. (POWER OF ATTORNEY REQUIRED) DATE			
FILE NOW!! FEE IS \$350.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$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		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		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		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 reported on this form does not qualify for the exemption 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: 		07. 10. 2007	

CEW: 20-5470495

FILED

FILED

2007 SEP 14 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA