2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008
Secretary of State

DOCUMENT# S53290

Entity Name: JONES MYOTT WILLIAMS ACEVEDO VAUGHN ARCHITECTS, INC.

Current Principal Place of Business:

949 CLINT MOORE RD.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

949 CLINT MOORE RD.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0281693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LICHTMAN, JONATHAN J
20283 STATE RD. 7
SUITE 300
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	JONES, RICHARD C	
Address:	949 CLINT MOORE ROAD	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	VPT	( ) Delete
Name:	MYOTT, STEVEN E	
Address:	949 CLINT MOORE RD.	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	D	( ) Delete
Name:	WILLIAMS, JAMES R	
Address:	949 CLINT MOORE RD.	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	D	( ) Delete
Name:	ACEVEDO, RODOLFO C	
Address:	949 CLINT MOORE RD.	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	P	( ) Delete
Name:	VAUGHN, ROBERT E	
Address:	949 CLINT MOORE RD.	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	SECR	( ) Delete
Name:	TRUJILLO, CRESENCIO M	
Address:	949 CLINT MOORE RD.	
City-St-Zip:	BOCA RATON, FL 33487	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.M. TRUJILLO JR. SECR 06/10/2008

Electronic Signature of Signing Officer or Director — Date