06/16/2004 14:48 3054424337 DIAZ & ASSOC

FILED
Jun 21, 2004 8:00 am
Secretary of State
06-21-2004 90005 019 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 421709

1. Entity Name
LAUDERMAN, REGALADO ARCHITECTS, INC.

Principal Place of Business	Mailing Address
4227 W 16TH AVE HIALEAH, FL 33012 US	6241 NW 110TH ST HIALEAH, FL 33012

05072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8145 NW 155 St	8145 NW 155 St
Suite, Apt. #, etc. # A	Suite, Apt. #, etc. # A
City & State: Miami Lakes, FL	City & State: Miami Lakes, FL
Zip 33016 Country U S A.	Zip 33016 Country

4. FEI Number: 59-1470414 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
REGALADO, IRVING R.
6241 NW 110 ST
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name: Irving R. Regalado
Street Address (P.O. Box Number is Not Acceptable): 8145 NW 155 St. #A
City: Miami Lakes FL Zip Code 33016

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REGALADO, IRVING R. 6241 N W 110 STREET HIALEAH, FL 00000,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Regalado, Irving R. 8145 NW 110 St. Miami Lakes, FL 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Irving R. Regaldo 06-16-04 305-442-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #