
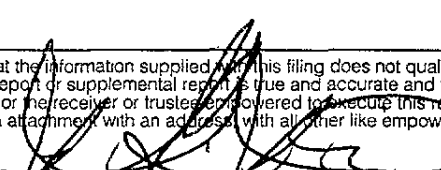


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 563238 1. Entity Name ARCHITEKNICS, INC.					
Principal Place of Business 7450 SW 48 ST. MIAMI FL 33155			Mailing Address 7450 SW 48 ST. MIAMI FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1810621	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEREZ-ALONSO, RAMON G 7450 SW 43TH ST. MIAMI FL				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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEROUNSKY, EDWARD C 6537 SW 116TH PLACE MIAMI FL	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEROUNSKY, GERALDINE T 6537 SW 116TH PLACE MIAMI FL	Change <input type="checkbox"/> Addition <input type="checkbox"/> U000000013936 01/27/04-80002-024 158.75			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> Delete PEREZ-ALONSO, RAMON G 1018 ANDORA AVE CORAL GABLES FL	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PEREZ-ALONSO, DELIA M 1018 ANDORA AVE CORAL GABLES FL	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RODRIGUEZ, LOURDES 1026 ADUANA AVE. CORAL GABLES FL	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
12. I hereby certify that the information supplied in 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:  RAMON G PEREZ-ALONSO					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					