

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 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

3. Mailing Address

Suite Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1810621

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ-ALONSO, RAMON G  
7450 SW 43TH ST.  
MIAMI FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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          | D                      | <input type="checkbox"/> Delete |
| NAME           | BEROUNSKY, EDWARD C    |                                 |
| STREET ADDRESS | 6537 SW 116TH PLACE    |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BEROUNSKY, GERALDINE T |                                 |
| STREET ADDRESS | 6537 SW 116TH PLACE    |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | STD                    | <input type="checkbox"/> Delete |
| NAME           | PEREZ-ALONSO, RAMON G  |                                 |
| STREET ADDRESS | 1018 ANDORA AVE        |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL        |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | PEREZ-ALONSO, DELIA M  |                                 |
| STREET ADDRESS | 1018 ANDORA AVE        |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL        |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, LOURDES     |                                 |
| STREET ADDRESS | 1026 ADUANA AVE.       |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                |                           |   |
|----------------|---------------------------|---|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | UNNNNN0199921             |   |
| STREET ADDRESS | 01/28/05-80001-006 150.75 |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Ramon G. Perez-Alonso* 1-25-05 (405) 21-5592