

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90030 008 ***150.00

DOCUMENT # 585139

1. Entity Name
OSCAR VAGI & ASSOCIATES, ARCHITECTS, INC.



Principal Place of Business
**1800 SOUTH OCEAN DRIVE, SUITE 108
FT. LAUDERDALE, FL 33316 US**

Mailing Address
**1800 SOUTH OCEAN DRIVE, SUITE 108
FT. LAUDERDALE, FL 33316 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1846266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAGI, KITTY
2929 E. COMMERCIAL BLVD.
SUITE 600 LB
FT. LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1800 South Ocean Drive, Sk. 108

City

Ft. Lauderdale

FL

Zip Code

33316

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 **Kitty Vagi**

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

(NOTE: Registered Agent signature required when reinstating)

2/21/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME VAGI, KITTY
STREET ADDRESS 2929 E COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ST ☐ Delete
NAME VAGI, KITTY
STREET ADDRESS 2929 E COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1800 South Ocean Dr B115**
CITY-ST-ZIP **Ft Land FL 33316**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1800 South Ocean Dr B115**
CITY-ST-ZIP **Ft Land FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Kitty Vagi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

Date

Daytime Phone #