

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # 662154 | |  |
| 1. Entity Name MCLEOD ARCHITECTURAL GROUP, P.A. | | |
| Principal Place of Business 20401 NW 2ND AVE SUITE 308 MIAMI, FL 33169-2542 US | | Mailing Address 20401 NW 2ND AVE SUITE 308 MIAMI, FL 33169-2542 US |
| DO NOT WRITE IN THIS SPACE | | |
| 05022005 No Chg-P CR2E034 (10/03) | | |
| 4. FEI Number 59-2035220 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent MCLEOD, DONALD 20401 NW 2ND AVENUE SUITE 308 MIAMI, FL 33169 | | DO NOT WRITE IN THIS SPACE |
| 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: <u>Donald McLeod</u> DATE: <u>5.2.05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small> | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCLEOD, DONALD 20401 NW 2ND AVENUE, #308 MIAMI, FL | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GONZALEZ, ALBERTO 20401 NW 2ND AVENUE #308 MIAMI, FL | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Donald McLeod</u> Date: <u>5/2/05</u> 305 78-1933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |