2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2005 8:00 am Secretary of State

DOCUMENT # 755002 1. Entity Name MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS, INC.					0	3-14-2005 9	90107 001 *	***61.25
Principal Place of Business Mailing Address 275 UNIVERISYT DR 275 UNIVERISY CORAL GABLES, FL 33141 CORAL GABLES			141			661	024187	
2. Principal P	lace of Business	3. Mailing Address					, Arriva	
		e. Walling Address				HI WURIN WƏRIND RIMLI MA	NIȘ NINII NINII MINII NI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		063	02005 Chg	-NP (CR2E037 (10/0	03)
City & State		City & State			Number 9-6151172			Applied For Not Applicable
Žip	Country	Zip	Country	5. Ce	ertificate of State	us Desired	□ \$8.75	Additional
	6. Name and Address of Current R	egistered Agent		7. Na	me and Addre	ss of New Reg		imieo
BRAZLAVS	SKY, MIJEL		Name					
275 UNIVERISYT DR MIAMI BEACH, FL 33141				ddress (P.O. Bo	x Number is No	ot Acceptable)	···	
	1011,12 00111							
			City				FL Zip	Code
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its i	egistered office o	r registered age	nt, or both, in th	e State of Florid	la. I am familiar i	with, and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered Agent signa	ture required when rein	stating)		DATE	
	Signature, typed or printed name of registered agent ar Filling Fee is \$61.25 ue by September 7, 2005	9. Election Cam Trust Fund C	paign Financing	\$5.0	May Be to Fees		DATE te check payab a Department o	
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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)(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 trasfer empowered to execute this report as required by Chapter 617. 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: 4

KERWIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-447-3523

Daytime Phone #

ATTACHMENT 66024187

	# 455002
ANGENICAN DESCRIPTION OF ANCESTECTS, INC. 2427/3352 10 MT //(a) /	### 138 00021 138
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243449450 10.057 000 000000533867 Number: 3701 Date: 03/17/2005 Amount: \$533.66	Market Service of Ancienters and Street Service Servic
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Number: 3707 Date: 03/28/2005 Amount: \$519.88

Number: 3709 Date: 03/15/2005 Amount: \$150.00





June 30, 2005

Division of Corporations PO Box 1500 Tallahassee, Fl 32302-1500

To whom it may concern:

Reference Document 755002

Today I received this notice of Dissolve Corporation and after numerous calls I found out the reason that the officers forgot to sign the form, which is attached and signed.

Also I am attaching the proof that the check for 61.25 was processed on March 21st 2005

I appreciate as you go over this paperwork and process it acknowledge that the case is close and we are not at fault

Sincerely

Mike Brazlavsky
Executive Director

www.aiamiami.com