## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000002475

Entity Name: SBLM ARCHITECTS P.C.

FILED Feb 27, 2006 Secretary of State

That of the control o							
Current Principal Place of Business:				New Principal Place of Business:			
151 WEST 2ND FL NEW YORK	26TH ST. K, NY 10001						
Current Mailing Address:				New Mailing Address:			
11440 N. KENDALL DR. SUITE 210 MIAMI, FL 33176			11430 N. KENDALL DR. SUITE 310 MIAMI, FL 33176				
FEI Number:	13-3723374	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
COHEN, JAMES 11400 N. KENDALL DR. SUITE 210 MIAMI, FL 33176 US				COHEN, JAMES 11430 N. KENDALL DR. SUITE 310 MIAMI, FL 33176 US			
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.							
SIGNATURE:				02/27/2006			
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I BURDICK, JOSH 151 WEST 26TH NEW YORK, NY	ST., 2FL		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	COHEN, JAMES	Delete NLL DR., STE 210 6		Title: Name: Address: City-St-Zip:	COHEN, JAMES	DALL DR., STE 310	
Title: Name: Address: City-St-Zip:	S (X) I MAGNUSON, PH 151 WEST 26TH NEW YORK, NY	ST., 2 FL		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	C ()[ SHIFFER, EDWA 151 WEST 26TH NEW YORK, NY	ST., 2 FL		Title: Name: Address: City-St-Zip:	S (X) MAGNUSON, PI 151 WEST 26T NEW YORK, N	H ST., 2 FL	
Title: Name: Address: City-St-Zip:	VP () I LEFANDE, MICH 151 WEST 26TH NEW YORK, NY	ST., 2 FL		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES COHEN VP 02/27/2006