2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F0200001280



FILED Apr 16, 2007 8:00 am Secretary of State

1. Entity Name EINHORN YAFFEE PRESCOTT, ARCHITECTURE & ENGINEERING, P.C.								04-1	6-2007 9	90334 0	25 ***1:	50.00
Principal Place of Business Mailing Address					l	T i	3 '	, .				
ARGUS BLDG., BROADWAY AT BEAVER P.O. BOX 617 ALBANY, NY 12201 P.O. 80X 617 (FINANCE) ALBANY, NY 12201-061							: 1881/86 É		BIIN BBIII BBEIL	. 81 00 81 14) (81	 	
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02122007	Chg	-P	CR2E0	34 (12/06))
City & State			City & State				4. FEI Numb				———	opplied For lot Applicable
Zip		Country	Zip	Coun	itry		5. Certificate			ш	\$8.75 Ac Fee Requir	
	6. Name a	and Address of Current	Registered Agent		Name		7. Name and	d Address	of New Re	egistered /	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name					·		
					Street Add	Idress (P	O. Box Numb	per is Not A	.cceptable)		
					City					FL	Zip Co	de
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	named entity ions of registe		or the purpose of changing i	s registeri	ed office or r	registere	d agent, or bo	oth, in the S	state of Fior	nda. Tam	amiliar witr	i, and accept
SIGNATURE_	Finanture hand a	r printed name of registered agent	and title diagnificable (NC	ITE: Danietoro	d Agent signature	re required v	zhen reinstatino)			DATE		
	Signature, typed of	Similar interest of the state o	and the mappingation.	ric, negistere	a - ganco grato c	o legaliza +				BATE		
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a address, with an other like empowered.

SIGNATURE:

Tom D. AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR