


FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 046 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004611			
1. Entity Name MANHATTAN STUDIO ARCHITECTURE & DESIGN, P.C.			
Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 350 MIAMI, FL 33131		Mailing Address 41 WEST 25TH STREET NEW YORK, NY 10010	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4292008		Chg-P	
CR2E034 (12/06)		4. FEI Number 13-3794640	
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		7. Name and Address of New Registered Agent	
TATUM, THOMAS R ESQ. 200 SOUTH BISCAYNE BLVD. SUITE 350 MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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 _____ DATE _____			
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUNICK, GREGORY	NAME	
STREET ADDRESS	235 WEST 56TH STREET #15M	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICINANZO, PETER	NAME	
STREET ADDRESS	123 HARBOR DRIVE #402	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, PETER	NAME	
STREET ADDRESS	94 ST. JAMES PLACE	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN, NY 11214	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELFRIDGE, DONNA	NAME	
STREET ADDRESS	8122 17TH AVE.	STREET ADDRESS	511 BROWNS BLVD
CITY-ST-ZIP	BROOKLYN, NY 11214	CITY-ST-ZIP	BREEZY PT, NY 11697
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENJOHN, RODNEY	NAME	ROBERT SPATARO
STREET ADDRESS	143 GARDEN STREET	STREET ADDRESS	100 LINCOLN RD
CITY-ST-ZIP	GARDEN CITY, NY 11530	CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEKUTOWSKI, THOMAS	NAME	
STREET ADDRESS	159 14TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	SEA CLIFF, NY 11579	CITY-ST-ZIP	
12. 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 an address, with all other like empowered.			
SIGNATURE: <i>Donna Selfridge</i>		Date: 4/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 2126279400	

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