2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT #F47158 1. Entity Name 04 SEP 30 AM 8: 00 SINGER ARCHITECTS, INC. Principal Place of Business Mailing Address 13 WEST LAS OLAS BLVD 13 WEST LAS OLAS BLVD FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address 915 middle River Drive 915 Middle River Drive Suite, Apt. #, etc. Suite 404 CR2E034 (10/03) 09232004 Cha-P City & State 4. FEL Number Applied For ort Lauderdale Florida 59-2127487 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 33304 33304 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>-raia</u> BARRY, CRAIG-F- -Street Address (P.O. Box Number is Not Acceptable) 13 WEST LAS OLAS BLVD. FT LAUDERDALE, FL 33301 915 Middle River Drive Suite at for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar 8. The above name ty submits this stat ered agent. 9/28/04 SIGNATURE if applicab (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change NAME BARRY, CRAIG F NAME 800041637318 10/06/04--01024--003 ***70 13 W LAS OLAS BLVD STREET ADDRESS STREET ADDRESS **70.DD FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP VTS Delete Change Addition TITLE LEBIDA, ROGER NAME NAME STREET ADDRESS 13 W LAS OLAS BLVD STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition WOON, TEEN NAME NAME 13 W LAS OLAS BLVD . STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE -Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 repeiver 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 a like empowered. SIGNATURE