

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90031 014 ***150.00

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1. Entity Name
VAUGHN, WUNSCH, MASULLO ARCHITECTS, P.A.



Principal Place of Business
2631 E. OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306 US

Mailing Address
2631 E. OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306 US

40064663



03282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
2116 NE 27 DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2116 NE 27 DRIVE
Suite, Apt. #, etc.

City & State
WILTON MANOR, FL
Zip
33306 Country

City & State
WILTON MANORS, FL
Zip
33306 Country

4. FEI Number
59-2214333 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WUNSCH, ROBERT J.
2631 E. OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent
Name
WUNSCH, ROBERT J.
Street Address (P.O. Box Number is Not Acceptable)
2116 NE 27 AVENUE DRIVE
City
WILTON MANORS FL Zip Code
33306

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 resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ Delete
NAME	WUNSCH, ROBERT J.	
STREET ADDRESS	2631 E. OAKLAND PARK BLVD, SUITE 209	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33306	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	☒ Change ☐ Addition
NAME	WUNSCH, ROBERT J.	
STREET ADDRESS	2116 NE 27 AVENUE DRIVE	
CITY - ST - ZIP	WILTON MANORS, FL 33306	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 empowerment.

SIGNATURE: ROBERT J. WUNSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-969-3708