## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G06198

Entity Name: PQH ARCHITECTS, INC.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	THPOINT DR.	E.					
SUITE 200 JACKSON	) IVILLE, FL 322	216 US					
Current M	lailing Addres	is:		New Maili	ng Address	:	
	THPOINT DR.	E.					
SUITE 200 JACKSON	) IVILLE, FL 322	216 US					
FEI Number	: 59-2228220	FEI Number A	pplied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Regist	ered Agent:	Name and	Address of	New Registered Agent:	
	OSE M DWOOD WAY IVILLE, FL 322	256 US					
	e named entity s e of Florida.	submits this sta	atement for the	purpose of changing i	ts registered	I office or registered agent, or both,	
SIGNATUI	RE:						
	Electron	ic Signature of	Registered A	gent		Date	
Election Car	mpaign Financing	g Trust Fund Cor	tribution ( ).				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PTS () PEREZ, JOSE 7717 WILDWO JACKSONVILLI	OD WAY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	QUINONES, RI	NOR SQUARE DR	8	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () HOENSHEL, RO 1384 SAN MAT JACKSONVILLI	EO AVE.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	S () LEWIS. KIERS	Delete		Title: Name:	S LEWIS. KIEF	(X) Change()Addition RSTEN L	

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.

Address:

City-St-Zip:

SIGNATURE: JOSE M. PEREZ PTS 02/22/2007

4651 MILL STATION PLACE

JACKSONVILLE, FL 32257 US

Address:

City-St-Zip:

2340 CROOKED PINE LANE

ORANGE PARK, FL 32003 US