

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90053 042 \*\*\*150.00

**DOCUMENT # G17509**

1. Entity Name  
**L.R.W. + ASSOCIATES ARCHITECTS, INTERIOR  
DESIGNERS, PLANNERS, INC.**



Principal Place of Business  
**2560 SW 27TH AVE  
MIAMI, FL 33133-2143 US**

Mailing Address  
**2560 SW 27TH AVE  
MIAMI, FL 33133-2143 US**

2. Principal Place of Business  
**2950 SW 27 AVE**

3. Mailing Address  
**2950 SW 27 AVE**

Suite, Apt. #, etc.  
**SUITE #310**

Suite, Apt. #, etc.  
**SUITE # 310**

01102005

Chg-P

CR2E034 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**59-2450558**

Applied For  
☐ Not Applicable

Zip  
**33133**

Country

Zip  
**33133**

Country

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

## 6. Name and Address of Current Registered Agent

**SEGISBERTO, LEON J  
8701 SW 86 AVENUE  
MIAMI, FL 33143-6916**

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **REVUELTA, LUIS O**  
STREET ADDRESS **2560 SW 27TH AVE**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VT** ☐ Delete  
NAME **SEGISBERTO, LEON J**  
STREET ADDRESS **8701 S.W. 86 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 331436016**

TITLE **ST** ☐ Delete  
NAME **WONG, VICTOR G**  
STREET ADDRESS **8355 SW 43 TERR.**  
CITY-ST-ZIP **MIAMI, FL 33155**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2950 SW 27 AVE, SUITE #310**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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 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 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: **VICTOR G. Wong** 2/14/05 305-263-9726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #