

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G17509**

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



Principal Place of Business  
**2950 SW 27 AVE STE #310  
MIAMI, FL 33133 US**

Mailing Address  
**2950 SW 27 AVE STE #310  
MIAMI, FL 33133 US**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2450558**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVUELTA, LUIS O 2950 SW 27 AVE SUITE #310 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEGISBERTO, LEON J 8701 S.W. 86 AVENUE MIAMI, FL 331436016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WONG, VICTOR G 8355 SW 43 TERR. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80012-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07

Date

(305) 524-1020

Daytime Phone #