

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 14, 2004 8:00 am
Secretary of State

03-31-2004 90043 036 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # G36257							
1. Entity Name A.J. VERDE ARCHITECTS, P.A.							
Principal Place of Business 5979 NW 151 ST. SUITE 216 MIAMI LAKES FL 33014			Mailing Address 5979 NW 151 ST. SUITE 216 MIAMI LAKES FL 33014				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2289115			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VERDE, ANTONIO J 5979 N.W. 151 ST., #216 MIAMI LAKES FL 33014			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 _____ (NOTE: Registered Agent signatures required when resigning) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VERDE, ANTONIO J.		NAME				
STREET ADDRESS	8578 GLENCAIRN LANE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE X	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERDE, MARGARITA		NAME	VERDE, MARGARITA			
STREET ADDRESS	8578 GLENCAIRN LANE		STREET ADDRESS	8578 GLENCAIRN LANE			
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP	MIAMI LAKES, FL			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: _____			Date: 4/12/04 Daytime Phone #: 305-558-3500				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							