

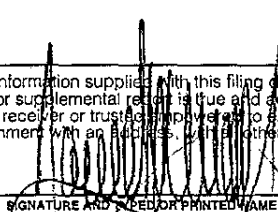


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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| DOCUMENT # G51896 1. Entity Name JAIME SCHAPIRO AIA & ASSOCIATES ARCHITECTS PLANNERS, INC. | |  |
| Principal Place of Business 1150 KANE CONCOURSE 3RD FL BAY HARBOR ISLANDS, FL 33154 | Mailing Address 1150 KANE CONCOURSE 3RD FL BAY HARBOR ISLANDS, FL 33154 |  03062005 No Chg-P CR2E034 (10/03) |
| <h2>DO NOT WRITE IN THIS SPACE</h2> | | 4. FEI Number 59-2327026 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable |
| 6. Name and Address of Current Registered Agent S.F. & F. REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD #4310 MIAMI, FL 33131 | | |
| 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. | | <h2>DO NOT WRITE IN THIS SPACE</h2> |
| SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS SCHAPIRO, JAIME 1150 KANE CONCOURSE BAY HARBOR ISLANDS, FL | U00000350514 05/02/05-80108-011 150.00 <h2>DO NOT WRITE IN THIS SPACE</h2> |
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| 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:  PRES 3, 26, 05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |