FILED
Jun 08, 2007 8:00 am
Secretary of State
05-18-2007 90020 008 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

66018386

DOCUMENT # G51896

1. Entity Name
JAIME SCHAPIRO AIA & ASSOCIATES ARCHITECTS PLANNERS, INC.

Principal Place of Business	Mailing Address
1150 KANE CONCOURSE 3RD FL BAY HARBOR ISLANDS, FL 33154	1150 KANE CONCOURSE 3RD FL BAY HARBOR ISLANDS, FL 33154

03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2327026
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAPIRO, JAIME
1150 KANE CONCOURSE
THIRD FLOOR
BAY HARBOR, FL 33154

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPS PRESIDENT
NAME	SCHAPIRO, JAIME
STREET ADDRESS	1150 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL
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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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 6.6.07 305-866-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #