


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # K73524

1. Entity Name
CTG ARCHITECTS, INC.



Principal Place of Business Mailing Address

229 N.E. 26 TERR. **229 N.E. 26 TERR.**
MIAMI, FL 33137-4519 **MIAMI, FL 33137-4519**

DO NOT WRITE IN THIS SPACE



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0111494 Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CARMEN T.
8940 S.W. 18TH TERRACE
MIAMI FL, FL 33165

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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 resigning)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

U00000169568
 08/09/04-80002-004 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS GARCIA, CARMEN T. 8940 S.W. 18TH TERR MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, CARMEN T. 8940 SW 18TH TERR MIAMI, FL 33165
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1(9.07(3)(f)), 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: Carmen T. Garcia 7/23/04 (305) 576-0535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARMEN T. GARCIA