2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # K73524

1. Entity Name
CTG GHEZZI ARCHITECTS, INC.

Principal Place of Business	Mailing Address
9595 NORTH KENDALL DR. SUITE 101 MIAMI, FL 33176	9595 NORTH KENDALL DR. SUITE 101 MIAMI, FL 33176

04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0111494
☐ Applied For
☐ 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

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 _____ 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, 2006 Fee will be $550.00

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

000005190S5
05/02/06-80037-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, CARMEN T.
STREET ADDRESS	8940 S.W. 18TH TERR
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V
NAME	GHEZZI, MARK K.
STREET ADDRESS	8805 SW 160 STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	S,T
NAME	GHEZZI, DAVID H.
STREET ADDRESS	12066 SW 140 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	GHEZZI, EDWARD M
STREET ADDRESS	9595 NORTH KENDALL DR.,SUITE 101
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
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: Carmen T. Garcia 4/12/06 305-596-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #