FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90131 021 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003452

1. Entity Name
ARCH DESIGN, LLC

24063547

Principal Place of Business	Mailing Address
780 NORTHWEST LLEJEUNE ROAD SUITE 516 MIAMI, FL 33126	780 NORTHWEST LLEJEUNE ROAD SUITE 516 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-3764855 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent:

Name: Aurelio A. Piedra CPA
Street Address (P.O. Box Number is Not Acceptable): 780 NW 42 Ave #516
City: Miami FL Zip Code: 33126

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: Aurelio A Piedra 1/14/04
Signature of new registered agent, if changing — Date

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	☐ Change ☐ Addition
NAME	SANTOS, JOSEFA		
STREET ADDRESS	780 NORTHWEST LLEJEUNE ROAD		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	MGR	☐ Delete	☐ Change ☐ Addition
NAME	SANCHEZ GOMEZ, JAVIER SOTERO		
STREET ADDRESS	780 NORTHWEST LLEJEUNE ROAD		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: [signature] 4/29/04 3054437122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone Number