## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M47023  1. Enlity Name GENE H. BIEBER-ARCHITECT, INC.			Jan 22, 2007 08:00 AN Secretary of State	
Principal Placo of Businoss 805 N.W. 8TH AVENUE DANIA FL 33004 US		Mailing Address 805 N.W. 8TH AVENU DANIA FL 33004 US	JE	
2. Principal Place of Business - No P O Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State		City & State		4. FEI Number 59-2777813 Applied For Not Applicable
Zip	Country	Zıp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		Namo	7. Name and Address of New Registered Agent	
BIEBER, GENE 805 N.W. 8TH AVENUE				(P.O. Box Number is Not Acceptable)
DAf	NIA FL 33004			
			City	FL Zip Code
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  Signature, typed or printed name of registered agent and title or applicable. (NOTE, Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.  Added to Fe				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THE NAME STREET ADDRESS CITY-ST-ZIP	BIEBER, GENE 805 N.W. 8TH AVENUE DANIA FL 33004	☐ Delete	NAMI SIRIFT ADDRESS CHY-S1-71P	□ Change □ Addition U00000597499 01/24/07-80040-003 150.00
HILE NAME STREET ADDRESS CIPY-ST-ZIP		☐ Delete	TITLE NAME STRELL ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STRUT ADDITSS CITY-ST-742	☐ Change ☐ Addition
HITE NAME STREET ADDRESS CHY-ST-71P		☐ Delete	NAMI STRIFT ADDNESS CITY-SI-7IP	☐ Change ☐ Addulion
THUE NAME STREET ADDRESS CITY-ST-71P		☐ Dolole	HILL NAMI STREET ADDRESS CHY-S1-74P	☐ Change ☐ Addulon
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STRELL ADDRESS CITY-S1-ZIP	☐ Change ☐ Addinon

**FILED** 

12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; that I am an efficer 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:

SIGNATURE:

Date

Date

Description: