


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000053060 1. Entity Name BUSCH ARCHITECTURE SERVICES, INC.	
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Principal Place of Business 13949 SW 44 LN CIR APT D MIAMI, FL 33175	Mailing Address 13949 SW 44 LN CIR APT D MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



06/21/04 50003 005
09082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1030779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ASSUMPCAO, REINALDO C
134949 SW 44 LN CIR APT D
MIAMI, FL 33175

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSUMPCAO, REINALDO C 13949 SW 44 LANE CIRCLE APT D MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSUMPCAO, LUZIA CLARA 13949 SW 44 LANE CIRCLE, APT D MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200041561292
10/04/04--01016--018 **400.00

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IN THIS SPACE**

Handwritten signature: R10/11

12. 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 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: <i>Reinaldo C. Assumpcao</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	09/27/2004 <small>Date</small>	305.226.1155 <small>Daytime Phone #</small>
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