

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000076601
 1. Entity Name
PLASENCIA ARCHITECT, INC.



Principal Place of Business 284 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	Mailing Address 284 WESTWARD DRIVE MIAMI SPRINGS, FL 33166
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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1037129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PLASENCIA, ROGERIO
 284 WESTWARD DRIVE
 MIAMI SPRINGS, FL 33166

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000125969
 04/23/04-80015-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLASENCIA, ROGERIO SR. 284 WESTWARD DRIVE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PLASENCIA, ROGERIO JR. 284 WESTWARD DRIVE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PLASENCIA, ALEJANDRO 284 WESTWARD DRIVE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *[Signature]* **4-21-04** **305 863 1902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #