2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2006 8:00 am Secretary of State

DOCUMENT # P0100022417 1. Entity Name MAX URBAN ARCHITECT, INC.					01-31-2006 90013 047 ***150.00				
Principal Place of Business - Mailing Address 961 NW 8TH AVE 961 NW 8TH AVE BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426			426	•		UUUU	0010		
2. Principal Place of Business 403 410 AVR SOUTH 403 414 AVE				-H					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252006	Chg-P	CR2E034 (11/05)		
CARE WORTH PL.			City & State LAFFE WONTH F		4. FEI Numbe 42-160		No	plied For t Applicable	
334	60 Country A		°°USA			of Status Desired	S8.75 Add Fee Require		
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
URBAN, MAX				ULBATO MAX					
961 NW 8TH AVE BOYNTON BEACH, FL 33426				03	410	is Not Acceptable	SOUTH	· · · · · · · · · · · · · · · · · · ·	
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			City C	AKA	e wo	RTH	FL 252	160	
	named entity submits this statement for	the purpose of changing its re	gistered office or	register	ed agent, or bot	h, in the State of Flor	rida. I am familiar with,	and accept	
the obligations of registered agent.									
SIGNATURE Signature by Afficial fame of registered agent and title of applicable. (NOTE: Registered Agent signatura required when renstating) DATE									
9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D		11.	A-F-	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR		
TITLE NAME	PT URBAN, MAX	☐ Delete	TITLE NAME	UP	BAN, M	A-X	Change	Addition	
STREET ADDRESS	l ·		STREET ADDRESS	A = m			_		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426 CITY			LA	he w	onth ,)	-6.3346	<i>•</i>	
TITLE NAME		Delete	TITLÉ NAME				Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE Name				Change	Addition	
STREET ADDRESS	1								
CITY-ST-ZIP	CITY							·	
title Name		☐ Detete	TITLE NAME				Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

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: _

MAX PRES.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01/24/06 561-1993-2694

Daytime Phone #