


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000084469</b> 1. Entity Name BS ARCHITECTS, INC.	
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Principal Place of Business 18851 NE 29TH AVE. STE 904 AVENTURA, FL 33180 US	Mailing Address 18851 NE 29TH AVE. STE 904 AVENTURA, FL 33180 US
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02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1133399	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROTH, LEONARDO A ESQ. 18851 NE 29TH AVE. STE 904 AVENTURA, FL 33180
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**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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANTURIAN, NAZARET 18851 NE 29TH AVENUE, STE 904 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTURIAN, NAZARET 18851 NE 29TH AVENUE, STE 904 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTURIAN, RUBEN 18851 NE 29TH AVE., STE. 904 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELBAUM, SERGIO 18851 NE 29TH AVE., STE. 904 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000840567  
03/06/08-80053-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/08  
Date

786-279-0018  
Daytime Phone #