2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101143

Name:

Address: City-St-Zip: ONETTO, RAIMUNDO

MIAMI, FL 33131

1221 BRICKELL AVENUE, STE 1590

Entity Name: ARCHIPLAN REAL ESTATE DEVELOPMENT, INC.

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1221 BRICKELL AVENUE 15TH FLOOR #1590 MIAMI, FL 33131				1221 BRICKELL AVENUE #1590 MIAMI, FL 33131			
				,			
Current Mailing Address:				New Mailing Address:			
1221 BRICKELL AVENUE 15TH FLOOR #1590 MIAMI, FL 33131				1221 BRICKELL AVENUE #1590 MIAMI, FL 33131			
,		FEI Number Applied For ()	FEI Nui	umber Not Applicable () Certific		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORPORATE SOLUTIONS LLC 520 BRICKELL KEY DR STE. 1403 MIAMI, FL 33131 US				PADRO, JOSE F 8325 NW 53 ST STE. 102 MIAMI, FL 33166 US			
The above in the State		submits this statement for the	purpose o	of changing i	ts register	ed office or registered agent, or both,	
SIGNATURE: JOSE F PADRO				01/30/2007			
	Electro	nic Signature of Registered Ac	gent			Date	
Election Carr	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KREUTZBERG) Delete SER, PATRICIO LL AVENUE, STE 1590 131		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSENBLUT,	LL AVENUE, STE 1590		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	STVP () Delete		Title:	DSTP	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ONETTO, RAIMUNDO

MIAMI, FL 33131

1221 BRICKELL AVENUE, STE 1590

SIGNATURE: RAIMUNDO ONETTO DSTP 01/30/2007