2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027985

1. Entity Name
ARCHITECTURAL IMPACT SYSTEMS, INC.

Principal Place of Business	Mailing Address
1787 WEST 32 PLACE	1787 WEST 32 PLACE
HIALEAH FL 33012	HIALEAH FL 33012

2. Principal Place of Business
1787 W. 32 PL.

Suite, Apt. #, etc.

City & State
Hialeah, FL.

Zip 33012   Country DADE

3. Mailing Address
Same

Suite, Apt. #, etc. //

City & State //

Zip 33012   Country Same

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-06599-26
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FONT, ANNA
1787 WEST 32 PLACE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name Font, Anna

Street Address (P.O. Box Number is Not Acceptable)

1787 West 32 P.L

City Hialeah   -FL   Zip Code 33012

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, 2003 Fee will be $550.00** **Make Check Payable to Florida Department of State**		**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME RODRIGUEZ, CARLOS E STREET ADDRESS 1787 W 32 PL CITY-ST-ZIP HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTD NAME FONT, ANNA STREET ADDRESS 1787 W 32 PL CITY-ST-ZIP HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD NAME SANDOVAL, NATIVIDAD A STREET ADDRESS 1787 W 32 PL CITY-ST-ZIP HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME FONT, JORGE STREET ADDRESS 1787 W 32 PL CITY-ST-ZIP HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____   4/14/03   305-883-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #