

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066218

Entity Name: 506 ARCHITECTS, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

3293 NW 7ST  
MIAMI, FL 33125

## New Principal Place of Business:

1650 BRICKELL AV  
209  
MIAMI, FL 33129

## Current Mailing Address:

3293 NW 7ST  
MIAMI, FL 33125

## New Mailing Address:

1650 BRICKELL AV  
209  
MIAMI, FL 33129

FEI Number: 02-0620030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREIRA, LEONARDO  
9900 NW 44 TERRACE  
303  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

PEREIRA, LEONARDO  
1650 BRICKELL AV  
209  
MIAMI, FL 33129 US

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.

SIGNATURE: LEONARDO PEREIRA

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREIRA, LEONARDO  
Address: 9900 NW 44 TERRACE #303  
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete  
Name: PEREIRA, CARLOS  
Address: 9900 NW 44 TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: V ( ) Delete  
Name: CONSTANTINI, ISABEL  
Address: 9900 NW 44 TERRACE #303  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PEREIRA, LEONARDO  
Address: 1650 BRICKELL AV # 209  
City-St-Zip: MIAMI, FL 33129

Title: S (X) Change ( ) Addition  
Name: PEREIRA, CARLOS  
Address: 1650 BRICKELL AV # 209  
City-St-Zip: MIAMI, FL 33129

Title: V (X) Change ( ) Addition  
Name: CONSTANTINI, ISABEL  
Address: 1650 BRICKELL AV # 209  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ISABEL CONSTANTINI

MRS

04/30/2008

Electronic Signature of Signing Officer or Director

Date