2006 FOR PROFIT CORPORATION

ANNUAL REPORT

Jul 07, 2006 8:00 am Secretary of State 07-07-2006 90004 028 ***158.75 DOCUMENT # P02000132284 ROSELLO, BALBOA & LORDI: ARCHITECTURE AND TOWN PLANNING, INC. Principal Place of Business Mailing Address 50021854 4921 SW 74TH COURT 4921 SW 74TH COURT MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 07032006 Cha-P Applied For City & State 4 FEI Number City & State 01-0758382 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSELLO, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4921 SW 74TH COURT MIAMI, FL 33155 City Zip Code 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) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/TR TITLE ☐ Change ☐ Addition TITLE Delete ROSELLO, GEORGE J JR. NAME NAME STREET ADDRESS STREET ADORESS 10705 SW 128TH TERRACE MIAMI, FL 33176 2 CITY-ST-ZIP CITY-ST-ZIP Change VΡ ☐ Addition TITLE ☐ Delete TITLE Lordi, Lawrence A LORDI, LAWRENCE A NAME NAME 7744 NW 78th court Tamarac FL 3332 STREET ADDRESS 9725 NORTH NEW RIVER CANAL ROAD, # 421 STREET ADDRESS Tomarac FL CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP Defete ☐ Change ☐ Addition TITLE TITLE BALBOA, JORGE A NAME NAME 825 LUDLAM DRIVE STREET ADDRESS STREET ADDRESS MIAMI SPRINGS, FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete វនា F NAME NAME STREET ADDRESS 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.

FILED

Daytime Phone #