2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 18, 2004 8:00 am Secretary of State DOCUMENT # P03000004008 1. Entity Name 06-18-2004 90002 006 ***150.00 AMERICAN ARCHITECTURAL INTERIORS, INC. Principal Place of Business Mailing Address 3800 PARK CENTRAL BLVD, NORTH 3800 PARK CENTRAL BLVD. NORTH POMPANO BEACH FL 33064 54057945 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 02-06906 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STARR, GREGORY-S-ESQ. Street Address (P.O. Box Number is Not Acceptable) 515 SEABREEZE BLVD. STE 220 FT. LAUDERDALE FL 33316 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. Lam familiar with, and accept the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE - 😓 🐑 NAME 3000 Park Central Buld. N. STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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 their ederver 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 rith an address, with all other like empowered. changed, or on an attachm

SIGNATURE

IGNING OFFICER OR DIRECTOR

FILED



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American

Architectural Interiors, Inc.

FACSIMILE TRANSMITTAL SHEET

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To Who	om It May Concern:			,			
Please confirm	make the following listed on that this action has been of	orporations inacti ompleted.	ive effec	tively if possible as o	f 01/01/2004. Please		
Corporation Helicon Architectural Millwork, Inc.			Employer Identification Number 04-3762873				
Compline Corporation			13-4213162				
Krasun Industries Icon Media Group			14-4213162 02-0690663				
We are writing	not doing any business or our status confirmation.	paying employee	es out of	any these companie	s. Please confirm in	Albania Sana	<i>4½</i>
Thank y	you,						
Kathlee	en Brogan						