


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000050576</b>	
1. Entity Name <b>STUDIO 8 ARCHITECT, INC.</b>	

Principal Place of Business <b>1532 SW 8TH STREET SUITE 200 MIAMI, FL 33135</b>	Mailing Address <b>1532 SW 8TH STREET SUITE 200 MIAMI, FL 33135</b>
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**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>32-0074890</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORO, MARIO 1532 SW 8TH STREET SUITE 200 MIAMI, FL 33135</b>	
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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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CORO, MARIO 4519 SW 1ST STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY ST ZIP	VD TRUJILLO, ALBERTO 6871 W 2ND LANE HIALEAH, FL 33014
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05/19/06-80072-021 150.00

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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 of 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:**  **May 1, 2006** (305) 631-8199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #