## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State

	OCUMENT # P03000066363								03-12-2007 90076 009 ***150.00								
	Entity Name C ARCHITECTURAL - INTERIOR DESIGN SERVICES C.																
•	ncipal Place of Business Mailing Address								•								
4501 SOUTH C4	1 SOUTH OCEAN BLVD 4501 SOUTH OCEAN BLVD C4																
PALM BEACH	M BEACH, FL 33480 PALM BEACH, FL 33480										<b>11</b>       <b>1 1</b>    <b>1</b>						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address																	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.							03012007	Chg-P	CR2E03	34 (12/06)						
City & Stat	Sity & State Death							4. FEI Numb				plied For t Applicable					
334 334	5409 Cauntry			Zip Co		Coun	try	5. Certificate	a of Status Desired		8.75 Add						
6. Name and Address of Current Registered Agent							Name	7. Name and	d Address of New R	tegistered A	gent						
CHAVERRA, MARYORI							Street Address (P.O. Box Number is Not Acceptable)										
4501 SOUTH OCEAN BLVD.							Street Address	(P.O. Box Numb	per is Not Acceptable	<del></del>							
PALM BEACH, FL 33480																	
							City			FL	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, lyped or printed name of registered agent and life if applicable. [NOTE: Registered Agent signature required whon reinstating)  DATE																	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.																	
10. OFFICERS AND DIRECTORS						11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11					
TITLE	P Delete 10										☐ Change	☐ Addition					
NAME STREET ADDRESS	CHAVERRA, MARYORI 4501 SOUTH OCEAN BLVD, C4 STRI						ET ADDRESS										
CITY-ST-ZIP	PALM BEACH, FL 33480					-	-ST-ZIP										
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TITLE					☐ Delete	THLE	:	<del></del>			☐ Change	Addition					
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TITLE NAME					Delete	TITLE	i				☐ Change	Addition					
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CITY-ST-ZIP TITLE					D Dalata	CITY-	-SI-ZIP				☐ Change	- Addition					
NAME					L. Delete	NAM						☐ Addition					
STREET ADDRESS CITY-ST-ZIP							ET ADDRESS - 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 ampowered 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.																	
SIGNAT	URE: _	Segria TUBE AND	TYPEO UR PA	INTED NAME	OF SIGNING OFFICER (	SIGNATURE: 3-1-07  Synattipe and Presont Painted Name of Signing Officer or Director  Oate Caylime Phone #											