

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90983 004 \*\*\*150.00

<b>DOCUMENT # P04000007386</b> 1. Entity Name <b>ARCHITEXTURE INTERIORS, INC.</b>					
Principal Place of Business <b>PO BOX 43-1271</b> <b>SOUTH MIAMI, FL 33243-1271</b>			Mailing Address <b>PO BOX 43-1271</b> <b>SOUTH MIAMI, FL 33243-1271</b>		
2. Principal Place of Business <b>11355 NW 66th Street</b>		3. Mailing Address <b>11355 NW 66th Street</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Doral, FL</b>		City & State <b>Doral, FL</b>		4. FEI Number <b>20-0581979</b>	
Zip <b>33178</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZEITEL-SALGADO, JANE</b> <b>128 PALOMA DRIVE</b> <b>CORAL GABLES, FL 33143</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Acceptable) <b>11355 NW 66th Street</b> City <b>Doral</b> <b>FL</b> Zip <b>33178</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZEITEL-SALGADO, JANE</b> <b>128 PALOMA DRIVE</b> <b>CORAL GABLES, FL 33143</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11355 NW 66th Street</b> <b>Doral, FL 33178</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE: <i>Jane Zeitel-Salgado</i> / JANE R. ZEITEL-SALGADO 4/26/05 305 549-1966</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					