2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000073332

1. *Entity Name*
SQUARE ONE ARCHITECTURE, INC.

Principal Place of Business	Mailing Address
3321 NW 97TH AVENUE	3321 NW 97TH AVENUE
SUNRISE, FL 33351	SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

07032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1253702	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARRA, JOHN N
3321 NW 97TH AVENUE
SUNRISE, FL 33351

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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 _____ JOHN N. GARRA

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

U00000767822
07/10/07-01/02/07 50.00
DATE

| **FILE NOW!!! FEE IS $150.00** | **9.** Election Campaign Financing | **$5.00** May Be | In accordance with s. 607.193(2)(b), F.S., the |
| **Due by September 14, 2007** | Trust Fund Contribution. ☐ | Added to Fees | corporation did not receive the prior notice. |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GARRA, JOHN N
STREET ADDRESS	3321 NW 97TH AVENUE
CITY-ST-ZIP	SUNRISE, FL 33351

U00000767822
07/10/07-80025-013 150.00

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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 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.

JOHN N. GARRA
07/02/07   954-873-1833

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #