

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046760

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: ARCHITECTURE WORK SOLUTION CORPORATION

## Current Principal Place of Business:

8937 SW 214 STREET  
MIAMI, FL 33189 US

## New Principal Place of Business:

5040 NW 7TH STREET, SUITE 690  
MIAMI, FL 33126 US

## Current Mailing Address:

8937 SW 214 STREET  
MIAMI, FL 33189 US

## New Mailing Address:

5040 NW 7TH STREET, SUITE 690  
MIAMI, FL 33126 US

FEI Number: 20-4620472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DE CORTADA, RAMON  
8937 SW 214 STREET  
MIAMI, FL 33189 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VILLAMIL, MARIA R  
Address: 8937 SW 214 STREET  
City-St-Zip: MIAMI, FL 33189 US

Title: VP ( ) Delete  
Name: DE CORTADA, RAMON  
Address: 8937 SW 214 STREET  
City-St-Zip: MIAMI, FL 33189 US

Title: VP (X) Delete  
Name: DE CORTADA, ERNESTO  
Address: 8937 SW 214 STREET  
City-St-Zip: MIAMI, FL 33189 US

Title: VP (X) Delete  
Name: DE CORTADA, VLADIMIR  
Address: 8937 SW 214 STREET  
City-St-Zip: MIAMI, FL 33189 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DE CORTADA, MARIA  
Address: 8937 SW 214 STREET  
City-St-Zip: MIAMI, FL 33189 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON DE CORTADA

VP

04/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date