

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127404

FILED
Apr 26, 2007
Secretary of State

Entity Name: HI TECH ARCHITECTURE CORP.

Current Principal Place of Business:

199 NW 9TH STREET
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

199 NW 9TH STREET
BOCA RATON, FL 33432

New Mailing Address:

3205 NE 184 STREET
#9305
AVENTURA, FL 33160

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: CASTANEDA, NATALIA
Address: 199 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: VPD () Delete
Name: FRANKY, HENRY
Address: 199 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: CASTANEDA, HERMANN E
Address: 199 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: GALLEGO, FELIPE E
Address: 199 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NATALIA CASTANEDA

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date