

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90052 029 \*\*\*150.00

**DOCUMENT # P06000157014**

1. Entity Name

ARCHITECTONICS ENGINEERING, INC.



Principal Place of Business  
1034 N.W. 4TH AVE  
BOCA RATON FL 33432  
US

Mailing Address  
1034 N.W. 4TH AVE  
BOCA RATON FL 33432  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

*Applied for*

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **IRAJ SHAFAGHI**

Street Address (P.O. Box Number is Not Acceptable)

**1034 N.W. 4TH AVE.**

City **BOCA RATON**

**FL**

Zip Code **33432**

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

*Iraj Shafaghi*

**IRAJ SHAFAGHI**

**04/20/07**

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SHAFAGHI, IRAJ**  
STREET ADDRESS **1034 N.W. 4TH AVE**  
CITY - ST - ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Iraj Shafaghi*

**04/20/07**

**561-756-5335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #