


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 046 ***150.00

DOCUMENT # P07000113072	
1. Entity Name LA PUERTA ARCHITECTURE, INC.	

Principal Place of Business C/O KVARBERG, 529 30TH STREET WEST PALM BEACH, FL 33407 US	Mailing Address C/O KVARBERG, 529 30TH STREET WEST PALM BEACH, FL 33407 US
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2. Principal Place of Business - No P.O. Box # 413 24th STREET	3. Mailing Address 413 24th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

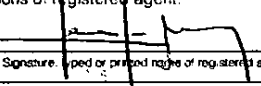
City & State WEST PALM BEACH FL	City & State WEST PALM BEACH, FL
Zip 33407	Country USA
Zip 33407	Country USA



07072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
KVARBERG, LEE 529 30TH STREET WEST PALM BEACH, FL 33407	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: 	LEE KVARBERG, ARCHITECT 8.07.08
(NOTE: Registered Agent signature required when re-registering)	

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P.S. <input type="checkbox"/> Delete	NAME CAMACHO DE KVARBERG, MARIA ELENA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 529 30TH STREET	CITY-ST-ZIP WEST PALM BEACH, FL 33407	NAME	
TITLE VP, T <input checked="" type="checkbox"/> Delete	NAME KVARBERG, LEE	STREET ADDRESS	
STREET ADDRESS 529 30TH STREET	CITY-ST-ZIP WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: 	MARIA ELENA CAMACHO de KVARBERG 8.1.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #

561-832-4645