


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1092

0698495 AT

DOCUMENT # P17594

1. Entity Name
IA INC.



FILED

03 MAY -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**350 CALIFORNIA ST. #1500
SAN FRANCISCO CA 94104**

Mailing Address
**350 CALIFORNIA ST
#1950
SAN FRANCISCO CA 94104**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES **B3**

6. Name and Address of Current Registered Agent
**CONTILLO, ANTONIO
701 BRICKELL AVE
STE 1250
MIAMI FL 33131**

4. FEI Number **95-3935823**
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name **CORPORATION SERVICE COMPANY**
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City **TALLAHASSEE** FL Zip Code **32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOURNING, DAVID B PO BOX 1160 65 WELLINGTON ROSS CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLELLAND, JOE 123 ALTA VISTA WAY DANVILLE CA 94506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JOHN A 627 WOODBINE DRIVE SAN RAFAEL CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANTILLO, ANTONIO M 701 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100017905901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGELO LEBRON 3455 PEACHTREE RD. SUITE 325 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Antonio M. Cantillo* **4/15/03** **415.296-5353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)

2082



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 075461 4706398
AUTHORIZATION : *Patricia Piguit*
COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003
ORDER TIME : 10:21 AM
ORDER NO. : 075461-005
CUSTOMER NO: 4706398

CUSTOMER: Tin Nguyen
Interior Architects, Inc.
350 California Street
Suite #1950
San Francisco, CA 94104

RECEIVED
03 MAY - 2 AM 11:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: INTERIOR ARCHITECTS, INC.
D/B/A: IA INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____