

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90074 035 ***158.75

DOCUMENT # P95000036358																													
1. Entity Name LOCUS ARCHITECTURE, INC.																													
Principal Place of Business 345 ALMERIA AVENUE CORAL GABLES, FL 33134			Mailing Address 345 ALMERIA AVENUE CORAL GABLES, FL 33134																										
2. Principal Place of Business 300 SEVILLA AVE. Suite, Apt. #, etc. 305		3. Mailing Address 300 SEVILLA AVE. Suite, Apt. #, etc. 305																											
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		01242005 Chg-P CR2E034 (10/03)																									
Zip 33134		Country U.S.A.		4. FEI Number 65-0588238																									
Zip 33134		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PERDOMO, MIGUEL E 345 ALHAMBRA AVE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVE. Suite 305 City CORAL GABLES FL Zip Code 33134																										
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: DATE: 4/12/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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:			4/12/05 305-445-5516																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																										