

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90057 044 ***150.00

DOCUMENT # P95000036358

1. Entity Name
LOCUS ARCHITECTURE, INC.



Principal Place of Business
300 SEVILLA AVE
STE 305
CORAL GABLES, FL 33134

Mailing Address
300 SEVILLA AVE
STE 305
CORAL GABLES, FL 33134

40014001



2. Principal Place of Business - No P.O. Box #
500 SOUTH DIXIE HIGHWAY
Suite, Apt. #, etc.
SUITE 310

3. Mailing Address
500 SOUTH DIXIE HIGHWAY
Suite, Apt. #, etc.
SUITE 310

01292007 Chg-P CR2E034 (12/06)

City & State
CORAL GABLES, FL
Zip
33146
Country
USA

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CORAL GABLES, FL
Zip
33146
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USA

4. FEI Number
65-0588238
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERDOMO, MIGUEL E
300 SEVILLA AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
DE LEON, NELSON
Street Address (P.O. Box Number is Not Acceptable)
500 SOUTH DIXIE HIGHWAY, SUITE 310
City
CORAL GABLES FL Zip Code
33146

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

Signature, typed or printed name of registered agent and title 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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D PERDOMO, MIGUEL E ☒ Delete
STREET ADDRESS
300 SEVILLA AVE STE 305
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
D DE LEON, NELSON M ☐ Delete
STREET ADDRESS
300 SEVILLA AVE STE 305
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 SOUTH DIXIE HIGHWAY #310
CORAL GABLES, FL 33146

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

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

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

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nelson de Leon Jan. 31. 07 305.740 0120