


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90203 027 ***150.00

DOCUMENT # P95000075207 1. Entity Name STUDIO K ARCHITECT, INC.					
Principal Place of Business 1499 W PALMETTO PARK ROAD SUITE 224 BOCA RATON, FL 33486 US			Mailing Address 1499 W PALMETTO PARK ROAD SUITE 224 BOCA RATON, FL 33486 US		
2. Principal Place of Business - No P.O. Box # 4800 N. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 104A City & State BOCA RATON, FLORIDA Zip 33431		3. Mailing Address 4800 N. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 104A City & State BOCA RATON, FLORIDA Zip 33431		04242007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0614491		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STAMATOVSKI, KRSTO 835 ALAMANDA ST BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STAMATOVSKI, KRSTO 835 ALAMANDA ST BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STAMATOVSKI, KRSTO 835 ALAMANDA STREET BOCA RATON, FLORIDA, 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>K. Stamatovskiy</u> KRSTO STAMATOVSKI <u>24/4/07</u> <u>561/393-2440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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