2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000003664

1. Entity Name

RD ARCHITECTURE, INC.

Principal Place of Business	Mailing Address
110 N.E. 32ND CT OAKLAND PARK FL 33334	110 N.E. 32ND CT OAKLAND PARK FL 33334

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0716804 — Applied For / Not Applic

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEDON, ROBIN 110 NE 32ND CT OAKLAND PARK FL 33334	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 acc the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma Added to Fo

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete NAME DE DON, ROBIN RORY STREET ADDRESS 110 N.E. 32ND CT CITY-ST-ZIP OAKLAND PARK FL 33334		TITLE ☐ Change ☐ A NAME STREET ADDRESS CITY-ST-ZIP	000000488710 04/17/06-80018-007 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dir 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 Blo if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/31/06 954 564 9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #