## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPURITARY					Ion 27 200	በሩ በዩ・ሰ	$\mathbf{O}$ A $\mathbf{M}$	
DOCUMENT # P97000045747  1. Entity Name					Jan 27, 2006 08:00 AM Secretary of State			
JOE GREENBERG, ARCHITECT, INC.								
Principal Place of Business Mailing Address				F b				
285 SEVILLA AVENUE 285 SEVILLA AVENUE CORAL GABLES I 33134 CORAL GABLES								
2. Principal Place of Business		3. Mailing Address			, , , , , , , , , , , , , , , , , , ,		11 A1011 1001000 11 1231	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E034 (10/	<sup>(</sup> 05)	
City & State		City & State			4. FEI Number 65-0763592	}	Applied For Not Applicable	
Zip	Country	Zip	Count	trý	5. Certificate of Status Desired		5 Additional Regulred	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R		•	
OPENINENO JOSEPHIA				Name				
GREENBERG, JOSEPH I 285 SEVILLE AVENUE CORAL GABLES FL 33134				Street Address	(P.O. Box Number is Not Acceptable	·) 		
				City		FL   Z	ip Code	
	named entity submits this statement for ions of registered agent	r the purpose of changing it	s registere	ed office or registe	มกกกก4	N6046	·	
SIGNATURE .	Signature Typeri or printed name of registered agent	and life if applicable (NO	E Registere	d Agent signature require	<u> </u>	DATE DATE	120.00	
After	ILE NOW!!! FEE IS \$150,00 May 1, 2006 Fee Will Be \$550,00 Payable to Florida Department o			1 1 1 1 1	9. Election Campa Trust Fund Con		\$5.00 May Ba Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	1	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	ECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, JOSEPH I 285 SEVILLA AVENUE CORAL GABLES FL 33134	Celete		1			Change 🔲 កំដល់ប៉	
TITLE	D	☐ Delete	TITLE	-			Change	
NAME STREET ADDRESS CITY - ST - ZIP	GREENBERG, CLAUDIA B 285 SEVILLA AVENUE CORAL GABLES FL 33134		NAM Stre	. )		-		
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NAME STREET ADORESS CITY-ST-ZIP				E ¦ EY AGORESS - ST-ZIP		•		
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STREET ADDRESS CITY - ST - ZIP				FT ADDRESS -ST-IIP				
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NAME STREET ADDRESS GITY-ST-ZIP				e ; 'E'T address -st-zip				
TITLE NAME STREET ADDRESS DITY-ST-2IP		☐ Delete	Title NAM STRE				Change 🔲 AAASS	
12. I hereby indicated of the co	) certify that the information supplied will on this report or supplemental report is rporation or title receiver or trustee emilia, or on an attachment with an address	s true and accurate and that powered to execute this repo	for the ex my signa ort as requ	emptions containe ture shall have the	same legal effect as if made under	oath, that I am an	officer or director	

**FILED**