

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000099144 1. Entity Name ARCHITECTURAL DEVELOPMENT GROUP, INC.	
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Principal Place of Business 5805 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126	Mailing Address 5805 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0797490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALONSO, ORLANDO SR. 8900 SW 117 AVE STE C205 MIAMI, FL 33186	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ALONSO, ORLANDO SR. 8900 SW 117 AVE STE C205 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALONSO, MIGUEL 8900 SW 117 AVE STE C205 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD FONTES, MARIO 5805 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/04-80013-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Orlando Alonso SR **ORLANDO ALONSO SR** 4/1/04 305(595)3095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #