

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099144

FILED
Apr 11, 2005
Secretary of State

Entity Name: ARCHITECTURAL DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

5805 BLUE LAGOON DR., SUITE 200
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DR., SUITE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0797490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, ORLANDO SR.
8900 SW 117 AVE STE C205
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ALONSO, ORLANDO SR.
Address: 8900 SW 117 AVE STE C205
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: ALONSO, MIGUEL
Address: 8900 SW 117 AVE STE C205
City-St-Zip: MIAMI, FL 33186

Title: VTD () Delete
Name: FONTES, MARIO
Address: 5805 BLUE LAGOON DR., SUITE 200
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO FONTES

MM

04/11/2005

Electronic Signature of Signing Officer or Director

Date