2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # P98000001596 02-07-2005 90055 041 ***150.00 ARCHIT-PLANS CORPORATION Principal Place of Business Mailing Address 40013510 10300 SW SUNSET DRIVE, STE. 470 E 7115 SW 105 CT MIAMI, FL 33173 US MIAMI, FL 33173 US 2. Principal Place of Business 3. Mailing Address 11865 SW 265t BIG. I 7115 SW 105 CT Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 CR2E034 (10/03) Chg-P SUITE 4 City & State City & State Applied For 4. FEI Number FL 65-0804408 MIAMI FL MIAMI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33*175* 33173 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JARAMILLO, MARIA G Street Address (P.O. Box Number is Not Acceptable) 7115 S.W. 105 CT MIAMI, FL 33173 Zip Code F١ 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 SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TITLE ☐ Delete TITLE ☐ Change noitibhA 🔲 NAME JARAMILLO, MARIA G NAME STREET ADDRESS 7115 SW 105 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP VPSD TITLE Delete TITLE ☐ Change ☐ Addition VERDEJA, JULIAN NAME NAME STREET ADDRESS 7115 SW 105 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TID F □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 withan address, with all other, like propovered.

SIGNING OFFICER OF DIRECTOR

FILED Feb 07, 2005 8:00 am