

2005 FOR PROFIT CORPORATION ANNUAL REPORT

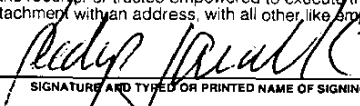
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Feb 07, 2005 8:00 am
Secretary of State

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01312005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000001596					
1. Entity Name ARCHIT-PLANS CORPORATION					
Principal Place of Business 10300 SW SUNSET DRIVE, STE. 470 E MIAMI, FL 33173 US			Mailing Address 7115 SW 105 CT MIAMI, FL 33173 US		
2. Principal Place of Business 11865 SW 26th Plg. I Suite, Apt. #, etc. SUITE 4			3. Mailing Address 7115 SW 105 CT Suite, Apt. #, etc.		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0804408	
Zip 33175		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARAMILLO, MARIA G 7115 S.W. 105 CT MIAMI, FL 33173				7. Name and Address of New Registered Agent	
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.				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JARAMILLO, MARIA G 7115 SW 105 COURT MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VERDEJA, JULIAN 7115 SW 105 COURT MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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 with an address, with all other, like empowered.					
SIGNATURE: 			2/2/05 (305) 7096-1821		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		