2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90091 049 ***158.75

DOCUMENT # P98000077935

1. Entity Name
DAVID & SCHINDLER ARCHITECTS, INC.

Principal Place of Business	Mailing Address
2100 CORAL WAY SUITE #405 MIAMI, FL 33145	2100 CORAL WAY SUITE #405 MIAMI, FL 33145

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2410 HOLLYWOOD BLVD.	2410 HOLLYWOOD BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD, FL.
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number 65-1059422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHERMAN, ~~PAUL T P.A.~~
~~2100 CORAL WAY~~
~~SUITE #405~~
~~MIAMI, FL 33145~~

JACEK SCHINDLER
2410 HOLLYWOOD BLVD
HOLLYWOOD FL
33020

7. Name and Address of New Registered Agent

Name: JACEK SCHINDLER
Street Address (P.O. Box Number is Not Acceptable): SCHINDLER AND PARTNERS, INC
2410 HOLLYWOOD BLVD
City: HOLLYWOOD **FL** Zip Code: 33020

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	VSTD SCHINDLER, JACEK W ~~2100 CORAL WAY SUITE #405~~ ~~MIAMI, FL 33145~~ CHANGE TO →	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACEK SCHINDLER 2410 HOLLYWOOD BLVD. HOLLYWOOD FL 33020	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID, JUAN C 2100 CORAL WAY SUITE #405 MIAMI, FL 33145	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] JACEK SCHINDLER 954-921-1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #