


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90005 034 ***150.00

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| DOCUMENT # S23736 |  |
| 1. Entity Name LEE MOLDOFF, A.I.A. ARCHITECTS & ASSOCIATES, INC. | |

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| Principal Place of Business 7436 WILES RD. CORAL SPRINGS FL 33067 | Mailing Address 7436 WILES RD. CORAL SPRINGS FL 33067 |
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| 2. Principal Place of Business 5491 UNIVERSITY DR. | 3. Mailing Address 5491 UNIVERSITY DR. |
| Suite, Apt. #, etc. 102 | Suite, Apt. #, etc. 102 |
| City & State CORAL SPRINGS, FL | City & State CORAL SPRINGS, FL |
| Zip 33067 | Zip 33067 |
| Country USA | Country USA |

1st MOORE

CR2E034 (10/04)

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| 4. FEI Number 65-0237508 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOLDOFF, LEE 7436 WILES RD. CORAL SPRINGS FL 33067 | |
| 7. Name and Address of New Registered Agent Name MOLDOFF, LEE Street Address (P.O. Box Number is Not Acceptable) 5491 UNIVERSITY DR., STE. 102 City CORAL SPRINGS FL 33067 | |

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOLDOFF, LEE 11130 HERON BAY BLVD POMPANO BEACH FL 33076 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOLDOFF, LEE 1813 MONTE CARLO WAY CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MOLDOFF, FRANCES 11130 HERON BAY BLVD POMPANO BEACH FL 33076 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MOLDOFF, FRANCES 1813 MONTE CARLO WAY CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **3/20/05** **9543440550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #