

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97477

FILED
Jan 09, 2007
Secretary of State

Entity Name: MAX WOLFE STURMAN ARCHITECT INC.

Current Principal Place of Business:

2997 DAY AVE.
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2997 DAY AVE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0298208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: P () Delete
Name: STURMAN, MAX W
Address: 2997 DAY AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: STURMAN, SHARON
Address: 2997 DAY AVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: SHARON STURMAN

SEC.

01/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date