

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V67797

1. Entity Name
VILLAGE ARCHITECTS OF KEY BISCAYNE, INC.



Principal Place of Business
**104 CRANDON BLVD
SUITE 424
KEY BISCAYNE, FL 33149 US**

Mailing Address
**104 CRANDON BLVD
SUITE 424
KEY BISCAYNE, FL 33149 US**

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0372094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRABOSKI, ROBERT J
6011 N. BAYSHORE DR. #9
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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

29 August 2008

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LEON, DEBORAH
STREET ADDRESS	100 BUTTONWOOD DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	S
NAME	GRABOSKI, ROBERT JOHN
STREET ADDRESS	6011 N. BAYSHORE DRIVE # 9
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000958952
09/03/08-80010-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29 August 2008 305-361-5335