

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000005329

**Entity Name:** MRI ARCHITECTURAL GROUP, INC.

**Current Principal Place of Business:**

5032 GODDARD AVENUE  
SUITE A  
ORLANDO, FL 32804

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC2063873175**

**Current Mailing Address:**

5032 GODDARD AVENUE  
SUITE A  
ORLANDO, FL 32804 US

**FEI Number: 59-3151534**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

IKEGAMI, PETER M  
5032 GODDARD AVENUE  
SUITE A  
ORLANDO, FL 32804 US

*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

**Officer/Director Detail :**

Title            D / VP / T  
Name            RIBAR, JOHN L.  
Address        3000 N ATLANTIC AVE STE 205  
City-State-Zip: COCOA BEACH FL 32931

Title            D / PRES / S  
Name            IKEGAMI, PETER M  
Address        5032 GODDARD AVENUE  
                  SUITE A  
City-State-Zip: ORLANDO FL 32804

*I hereby 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 all other like empowered.*

**SIGNATURE: PETER IKEGAMI**

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date