

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000799

**Entity Name:** DOREVE NICHOLAEFF, ARCHITECT, INC.

**Current Principal Place of Business:**

891 MAIN STREET  
OSTERVILLE, MA 02655

**Current Mailing Address:**

P.O. BOX 1034  
OSTERVILLE, MA 02655

**FEI Number: 04-2964834**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PVST  
Name STARR, DOREVE  
Address FIVE MANOR WAY  
City-State-Zip: OSTERVILLE MA 02655

Title CD  
Name STARR, DOREVE  
Address FIVE MANOR WAY  
City-State-Zip: OSTERVILLE MA 02655

*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: DOREVE STARR**

**PRINCIPAL**

**01/16/2017**

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

\_\_\_\_\_  
Date