

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41939

Entity Name: TONG LE, P.E., INC.

FILED  
Jun 01, 2007  
Secretary of State

**Current Principal Place of Business:**

5100 W. COPANS RD., #500  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

5100 W. COPANS RD., #500  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 59-2545923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LE, TONG  
5100 W. COPANS RD., #500  
MARGATE, FL 33063 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: LE, TONG MR  
Address: 6610 NW 41ST STREET  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: VP ( ) Delete  
Name: LE, FATIMA MRS  
Address: 6610 NW 41ST  
City-St-Zip: CORAL SPRINGS, FL 33067 US

**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 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: TONG LE

PRES

06/01/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date