

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90026 010 ***150.00

DOCUMENT # L60102
 1. Entity Name
 L.I. ENGINEERING, INC.



Principal Place of Business: 7867 N KENDALL DR, SUITE 100, MIAMI, FL 33156
 Mailing Address: 10800 LAKESIDE DR, CORAL GABLES, FL 33156 US



2. Principal Place of Business - No P.O. Box #
 5195 NW 77 Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02042008 Chg-P CR2E034 (12/06)

City & State: Doral, Florida

4. FEI Number: 65-0190011
 Applied For: Not Applicable

Zip: 33166
 Country: USA

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

6. Name and Address of Current Registered Agent
 CUTLER, H. JEFFREY
 TWO ALHAMBRA PLAZA PH 2-C
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete NAME: SCHENKMAN, JOEL STREET ADDRESS: 5195 NW 77 AVE CITY-ST-ZIP: MIAMI, FL 33166	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME: SCHENKMAN, RANDY STREET ADDRESS: 5195 NW 77 AVE CITY-ST-ZIP: MIAMI, FL 33166	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Joel Schenkman 2-6-08 305-477-7388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #