2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M51261 1. Entity Name B.P.I. LAND SURVEYING, INC. Mailing Address Principal Place of Business C/O BETSY PEREZ ITURREY C/O BETSY PEREZ ITURREY 11330 S.W. 56 ST. 11330 S.W. 56 ST.

MIAMI, FL 33165

11330 S.W. 56 ST. MIAMI, FL 33165

FILED Apr 26, 2007 08:00 Al Secretary of State



MIAMI, FL 33165

DO NOT WRITE IN THIS CRACE	04082007 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For	•
•	59-2801129 Not Applicable	ē
·	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		
ITURREY, BETSY PEREZ	DO NOT WRITE	

IN THIS SPACE

	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											
i After	FILE NOWILL FEE IS \$150.00 May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 Trust Fund Contribution.	May Be Honocoppozoe									
10.	OFFICERS AND DIRE	CTORS										
TITLE	D											

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

ITURREY, BETSY PEREZ NAME STREET ADDRESS 11330 S.W. 56 ST. CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mπF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:	Sebry-	Letternen	BETSY	P. Iturrey	4-19-07	305 27 Y	-429 z
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICERS	OR DIRECTOR	j,	Date	Daytime Phone #	,