


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000082731</b> 1. Entity Name SHORELINE ENGINEERING, INC.	
---	---

Principal Place of Business 2781 SW 56 AVENUE PEMBROKE PARK, FL 33023	Mailing Address 2781 SW 56 AVENUE PEMBROKE PARK, FL 33023
---	---



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1133694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SANTOS, MAURO C ESQ 25 SE 2 AVENUE SUITE 1235 MIAMI, FL 33131
---

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000296285 04/09/05-80062-013 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYO, JAMES A 1316 NW 127 DRIVE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, BARRY S 11060 SW 23 STREET DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, S. MICHAEL 10461 SW 16 PLACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, JOHN R 11050 SW 23 STREET DAVIE, FL 33324
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 filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** James A. Royo - U.P. **4/6/05** **954-985-0460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #