## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

## Feb 09, 2005 8:00 am DOCUMENT # P02000039370 **Secretary of State** 1. Entity Name 02-09-2005 90049 048 \*\*\*158.75 G.C. ENGINEERING CORPORATION Principal Place of Business Mailing Address 1233 GARDEN ROAD 1233 GARDEN ROAD 50012504 WESTON FL 33326 WESTON FL 33326 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For FATON, FU 04-3643191 STON, FR. Not Applicable Country S1A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUENCA, GUSTAVO 1233 GARDEN ROAD WESTON FL 33326 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change ☐ Addition FITLE NAME CUENCA, GUSTAVO NAME 946 SunFlowen Cir. WESTON, Fl 33327 1233 GARDEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP Change Addition TITLE ☐ Delete CUENCA, ALBA L NAME 946 SUNFLOWER Cor. STREET ADDRESS STREET ADDRESS 1233 GARDEN ROAD CITY-ST-ZIP CITY-ST-7IP WESTON FL 33326 Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DTI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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