

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90838 001 \*\*\*750.00

**DOCUMENT # P02000090585**  
 1. Entity Name  
**A & G ENGINEERING ASSOCIATES, INC.**



Principal Place of Business  
**2450 SW 137TH AVE., SUITE 234 MIAMI FL 33175**

Mailing Address  
**2450 SW 137TH AVE., SUITE 234 MIAMI FL 33175**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State  
 City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)  
 20-0341011

4. FEI Number **APPLIED FOR** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOPEZ, PETER M ESQ.  
 2450 SW 137TH AVE., SUITE 234  
 MIAMI FL 33175**

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

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004, Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AMAYA, ENNIS	
STREET ADDRESS	2450 SW 137TH AVE., SUITE 234	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE AMAYA, GLORIA G	
STREET ADDRESS	2450 SW 137TH AVE., SUITE 234	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMAYA, LENIS	
STREET ADDRESS	2450 SW 137TH AVE., SUITE 234	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMAYA, CLAUDIA	
STREET ADDRESS	2450 SW 137TH AVE., SUITE 234	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: [Signature] 4/28/04 Date  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR