


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0341011	Applied For Not Applicable
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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

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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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000229739
 02/15/05-80009-005 300.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMAYA, ENNIS 2450 SW 137TH AVE., SUITE 234 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE AMAYA, GLORIA G 2450 SW 137TH AVE., SUITE 234 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMAYA, LENIS 2450 SW 137TH AVE., SUITE 234 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMAYA, CLAUDIA 2450 SW 137TH AVE., SUITE 234 MIAMI, FL 33175
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: *[Signature]* Director 2/1/05 Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR