


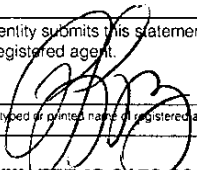
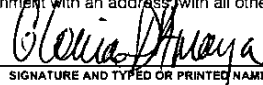
**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90132 001 \*\*\*900.00

**66001328**



|   |   |   |  |
|---|---|---|--|
| DOCUMENT # P02000090585   |   |    |  |
| 1. Entity Name<br>A & G ENGINEERING ASSOCIATES, INC.  |   |   |  |
| Principal Place of Business<br>2450 SW 137TH AVE., SUITE 234<br>MIAMI, FL 33175   |   | Mailing Address<br>2450 SW 137TH AVE., SUITE 234<br>MIAMI, FL 33175   |  |
| 2. Principal Place of Business<br>1200 Brickell Ave   |   | 3. Mailing Address<br>1200 Brickell Ave   |  |
| Suite, Apt. #, etc.<br>Ste 860  |   | Suite, Apt. #, etc.<br>Ste 860  |  |
| City & State<br>Miami, FL   |   | City & State<br>Miami, FL   |  |
| Zip<br>33131  |   | Country   |  |
| Zip<br>33131  |   | Country   |  |
| 4. FEI Number<br>20-0341011   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>LOPEZ, PETER M ESQ.<br>2450 SW 137TH AVE., SUITE 234<br>MIAMI, FL 33175  |   | 7. Name and Address of New Registered Agent<br>Name Peter M. Lopez, PA<br>Street Address (P.O. Box Number is Not Acceptable)<br>1200 Brickell Ave.<br>Ste 860<br>City Miami FL Zip Code 33131 |  |
| 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 2/7/06   |  |
| Signature, typed or printed name of registered agent and title if applicable.   |   | (NOTE: Registered Agent signature required when reinstating)  |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AMAYA, ENNIS<br>2450 SW 137TH AVE., SUITE 234<br>MIAMI, FL 33175 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Amaya, Ennis<br>1200 Brickell Ave., Ste 860<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DE AMAYA, GLORIA G<br>2450 SW 137TH AVE., SUITE 234<br>MIAMI, FL 33175 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | De Amaya, gloria g.<br>1200 Brickell Ave., Ste 860<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AMAYA, LENIS<br>2450 SW 137TH AVE., SUITE 234<br>MIAMI, FL 33175 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Amaya, Leni's<br>1200 Brickell Ave., Ste 860<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AMAYA, CLAUDIA<br>2450 SW 137TH AVE., SUITE 234<br>MIAMI, FL 33175 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Amaya, Claudia<br>1200 Brickell Ave., Ste 860<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing 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:   |   | Director 2/7/06   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #  |  |