


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000028117  
 1. Entity Name  
**AMEC ENGINEERING CORPORATION**



Principal Place of Business      Mailing Address  
 21420 SW 102 AVE.                      21420 SW 102 AVE.  
 MIAMI, FL 33189 US                      MIAMI, FL 33189 US

**DO NOT WRITE IN THIS SPACE**



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0508187</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARTINEZ, ALDO A  
 21420 SW 102 AVENUE  
 MIAMI, FL 33189

**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 \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, ALDO A 21420 SW 102 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, ALDO 6785 SW 77 TERRACE MIAMI, FL 33148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, CAROLA 21420 SW 102 AVENUE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/12/05-80006-003 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALDO A. MARTINEZ / 2/12/05 (305) 233-8445  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #