

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 415491

FILED
Jun 29, 2005
Secretary of State

Entity Name: C H M CONSULTING ENGINEERS, INC.

Current Principal Place of Business:

9200 S DADELAND BLVD
409
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

9200 S DADELAND BLVD
409
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 59-1429530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONDERICH, DAVID
9200 S DADELANO BLVD
SUITE 409
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

DE LEON, SAMUEL
9200 S DADELANO BLVD
SUITE 409
MIAMI, FL 33156 US

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.

SIGNATURE: SAMUEL DE LEON 06/29/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD (X) Delete
Name: HONDERICH, DAVID,
Address: 9200 S DADELAND BLVD 409
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: MOSBAT, MARK
Address: 9200 S DADELAND BLVD 409
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: DE LEON, SAMUEL
Address: 9200 S DADE LAND BLVD 409
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL DE LEON VD 06/29/2005

Electronic Signature of Signing Officer or Director Date