## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 18, 2005 8:00 am DOCUMENT # 465520 Secretary of State 1. Entity Name 08-18-2005 90001 033 \*\*\*558.75 DATA ENGINEERING, INC. Principal Place of Business Mailing Address 2515 N. STATE RD. 7 SUITE 207 MARGATE FL 33063 2515 N. STATE RD. 7 SUITE 207 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1584412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired V Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNGUIA, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 4280 NW 8TH ST COCONUT GROVE FL 33060 CREEK 33066 COCOPULT CREEK Zip Code 666 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE ☐ Celete MUNCUT, GUSTAVO NAME MUNGUIA, GUSTAVO NAME 4280 NN 8th St STREET ADDRESS 4070 NW 5TH ST. STREET ADDRESS COCOLUT CAREK, FL 33 066 COCONUT CREEK FL CHY-ST-7P CITY-ST-7IP MUNGUIA, MARTHAA D۷ ☐ Change Addition Delete TITLE TITLE MUNGUIN 1. 42 GO NN 8+h S+ COCONUT CREEK, FL 33066 NAME NAME MUNGUIA, ANITA STREET ADDRESS 4070 NW 5TH ST. STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP CHTY-ST-ZIP Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

SIGNATURE: SIGNATURE: CUSTONO MUNICIO PROSI STATE 8/15/0 (904) 971-0400