2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 03, 2006 8:00 am Secretary of State DOCUMENT # 465520 08-03-2006 90003 010 ***550.00 DATA ENGINEERING, INC. Principal Place of Business Mailing Address 2515 N. STATE RD. 7 2515 N. STATE RD. 7 SUITE 207 MARGATE FL 33063 SUITE 207 MARGATE FL 33063 2. Principal Place of Business Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For City & State City & State 59-1584412 Not Applicable Zio Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNGUIA, GUSTAVO: 4280 NW 8TH ST Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33066 City Zip Code 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) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Addition MUNGUIA, GUSTAVO NAME NAME 4280 NW 8TH ST STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-7IP COY-ST-ZIP DΫ HTLE Addition TITLE Delete ☐ Change MUNGULA, MARTHA MUNGUIA, ANITA NAME NAME 4280 NW 8 TASK 4280 NW 7TH ST STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 COCOANT CREEK, FL 33066 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

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.

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GUSTAND MUNGULA SIGNATURE:

CITY - ST - 78P

FILED