2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT # 465520** 1. Entity Name 04-16-2008 90016 042 ***150.00 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1584412 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent Name MUNGUIA, GUSTAVO 4280 NW 8TH ST Street Address (P.O. Box Number is Not **COCONUT CREEK FL 33066** ^{ೱip ©}63 purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity submits this statemer the obligations of registered agent. SIGNATURE reustored attent and title 1 amplication (NOTE: Registered Againt signature required when rejustating) FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete PD TITLE TITLE ☐ Change ☐ Addition MUNGUIA, GUSTÁVO NAME NAME 4280 NW 8TH ST STREET ADDRESS STREET ADORESS CITY-ST-ZIP COCONUT CREEK FL 33066 CITY-ST-3IP President + Director TITLE ☐ Defete TITLE Addition MUNGUIA, MARTHA 4280 NW 17H ST NAME NAME Martha Mun STREET ADDRESS STREET ADDRESS OffY-\$1-719 COCONUT CREEK FL 33066 CITY-ST-ZIP TITLE TITLE Da ete Change Applinon [] NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP TIRE. Dalete TITLE ☐ Change Addition NAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIE ☐ Delete TITLE ☐ Change ☐ Addition HAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition 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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.