2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Enlity Nam	MENT #473215 ENGINEERING CORP.		04-23-2007 90050 034 ***150.00					
11780 SW 3240 TERRACE Suite	Principal Place of Business Mailing Address			,	— գրու⊲	00-			
Sulley, Apt. #, etc. Sulley, Apt. #, etc. City & State S. Name and Address of Current Registered Agent In the address of New Registered Ag	11780 SW 32ND TERRACE		P.O. BOX 347225		L 18013 B(B) (18	100 liits linni stant alli s	s)ā() ā(ā()) ā(ā)) 8(ā)(B)ā() b)ā		
City & State Ci	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Security Security Security Security Securitization of Status Desired Security Securitization of Status Desired Security Securitization of Status Desired Security Sec	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-P	CR2E034 (12/06)		
S. Certificate of Status Desired \$. Certificate \$. Certifica	City & State		City & State			378			
Name Lopez Conzalo	Zip	Country	Zip	Country	5. Certificate of	Status Desired			
LOPEZ, GONZALO Sireet Address (P.O. Box humber is Not Aceptable) Sireet Address (P.O. Box humber is Not Aceptable) Sireet Address (P.O. Box humber is Not Aceptable) City Limit FL Zip Code 32/26 8. The above named anity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 INITE NAME LOPEZ, GONZALO 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 INITE NAME LOPEZ, GONZALO 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 INITE NAME LOPEZ, GONZALO 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 INITE NAME LOPEZ, GONZALO 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 INITE NAME LOPEZ, GONZALO 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 INITE NAME STREET ADDRESS CITY-ST-2P INITE NAME STREET ADDRESS CITY-ST-		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and A	ddress of New Re	gistered Agent		
Siree Address (P.O. Box Number is Not Acceptable) The above named onliny authritis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of Florida agent, or both, in the State of Florida. I am familier with, and accept	LODEZ C	ONZALO		Name La					
8. The above named anity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Signature	11780 SW 32ND TERRACE				Street Address (P.O. Box Number is Not Acceptable)				
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 familier with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature to agent and see souccase MOTE Registered Agent agreet are sequently interview to the registering DATE FILE NOW!!! FEE IS \$150.00				City	****				
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. IIILE DPZD Delete IIILE DPZD Delete DPZD D	the obligat	ions of registered agent.		_		in the State of Flori		and accept	
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12. I hereby certify that the information supplied with this filling 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 of 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 time empowered.

SIGNATURE: __

EN NAME OF SIGNING OFFICER OF DIRECTOR

4-18-07 x305-303-2484