

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90081 021 ***150.00

DOCUMENT # 565613
1. Entity Name
AMERICAN-SWISS SURVEYING INSTRUMENTS INC.



Principal Place of Business Mailing Address
7400 W. FLAGLER ST. 7400 W. FLAGLER ST.
MIAMI, FL 33144 MIAMI, FL 33144

2. Principal Place of Business 3. Mailing Address
9855 SW 26 Terr *9855 SW 26 Terr*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL *MIAMI FL*

Zip Country Zip Country
33165 MIAMI DADE *33165 MIAMI DADE*

6. Name and Address of Current Registered Agent

QUIROS, PEDRO D.
7400 W. FLAGLER ST.
MIAMI, FL 33144



01292005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1798123 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9855 SW 26 Terr
City State Zip Code
MIAMI FL 33165

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIROS, PEDRO D 9855 S.W. 96TH TERRACE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD QUIROS, NATALIA 9855 S.W. 96TH TERRACE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Pedro Quiros* **PEDRO QUIROS, PRES.** Date: *2/25/05* Daytime Phone #: *305-551-6253*