## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🙏

## FILED Mar 29, 2004 08:00 AN Secretary of State

PRIETO-PORTAR, DR. LUIS A. 4025 RVINCTION AVE COCONUT GROVE, FL. 33133  DO NOT WRITE IN THIS SPACE    Applied To Section 1	DOCUMENT # 566724  1. Entity Name PRIETO ENGINEERING SERVICES CO				, 2000 y 01 %		
DO NOT WRITE IN THIS SPACE  4. FEI Number 59-1806367 Nor Applicable 59	4025 IRVINGTON AVE	4025 IRVINGTON AVE		<del>-</del>			
PRIETO-PORTAR, DR. LUIS A, 4025 IRVINGTON AVE. COCONUT GROVE, FL 33133  B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am tantifar with, and accept the obligations of registered agent.  SIGNATURE  SCALINA, types or privad ware of registered agent and the if accludity.  PRILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campeign Financing Trust Fund Contribution.  9. Election Campeign Financing Added to Fees  93/29/04-80042-016 150.00  10. OCCUPATER, DR. LUIS A 1025 IRVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133  TILE STREET ADDRESS OF SETVINGTON AVE COCONUT GROVE, FL 33133			CE	03162004  4. FEI Numb 59-180 5. Certificate	No Chg-P per 06367 s of Status Desired	CR2E034 (10/03)  Applie  Not A  \$8.75 Additio	pplicable
the obligations of registered agent.  Signature  Signature, hyad or printed name of registered agent and site if acclosible.  NOTE Perpisered Agent dignature requised when retreating)  PATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10.	PRIETO-PORTAR, DR. LUIS A. 4025 IRVINGTON AVE.						
TITLE NAME PRIETO-PORTAR, DR. LUIS A STRET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE S NAME PRIETO, LUIS A JR SINERT ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME TITLE TITLE NAME TITLE T	the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and dis	e il applicable. (NOTÈ Registere:	o Agent signature require	id when reinstating)		DATE	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
STREET ADDRESS S	TITLE NAME STREET ADDRESS OITY-S1-ZIP	CTORS					

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR