2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 04, 2004 8:00 am Secretary of State DOC MENT # 605452 1. Entity Name 02-04-2004 90049 016 ***158.75 SOUTHLAND ENGINEERING DEVELOPMENT, INC. Principal Place of Business Mailing Address 2955 N.W. 73RD STREET MIAMI FL 33147 2955 N.W. 73RD STREET **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address 17800 SW 530 GRIFFIN ROAD Suite, Apt. #, etc. CR2E034 (11/03) MOORE 105 Applied For City & State 4. FEI Number City & State 59-1874548 SouthWEST Not Applicable DAULE \$8.75 Additional Country 5. Certificate of Status Desired us Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME ESPOSITO, RONALD Street Address (P.O. Box Number is Not Acceptable) 2955 NW 73RD ST **MIAMI FL 33147** DOUTHWEST 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) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change . Addition ☐ Delete TITLE TITLE NAME ESPOSITO, RONALD NAME 17800 6W 57th STREET STREET ADDRESS 2955 NW 73RD STREET STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. Thereby 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

SIGNATURE 2

FILED