
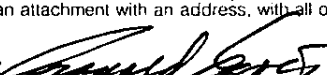


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90050 017 ***158.75

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # 605452 1. Entity Name SOUTHLAND ENGINEERING DEVELOPMENT, INC. | | | |  | |
| Principal Place of Business 6530 GRIFFIN RD #105 DAVIE FL 33314 | | | Mailing Address 17800 SW 57TH STREET SOUTHWEST RANCHES FL 33331 | | |
| 2. Principal Place of Business 17800 SW 57TH STREET Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State SOUTHWEST RANCHES, FL Zip 33331 | | City & State Zip USA | | 4. FEI Number 59-1874548 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent ESPOSITO, RONALD 17800 SW 57TH STREET SOUTHWEST RANCHES FL 33331 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST ESPOSITO, RONALD 17800 SW 57TH STREET SOUTHWEST RANCHES FL 33331 | | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
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| 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 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:  RONALD ESPOSITO 2-7-06 954-434-0379 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |