## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000004342

Title:

Name:

Address:

City-St-Zip:

Entity Name: KHAFRA ENGINEERING CONSULTANTS, INC.

FILED Jun 25, 2009 Secretary of State

Littly Na	IIIC. KHAFKA	LINGINEERING CONSOLTAI	V13, INC.		
Current Principal Place of Business:			New Pri	New Principal Place of Business:	
230 PEACHTREE ST., SUITE 200 ATLANTA, GA 303031511			SUITE 2	ACHTREE ST. 200 TA, GA 303031511	
Current Mailing Address:			New Mailing Address:		
230 PEACHTREE ST., SUITE 200 ATLANTA, GA 303031511			230 PEACHTREE ST. SUITE 200 ATLANTA, GA 303031511		
FEI Number	: 58-1673197	FEI Number Applied For ( )	FEI Number Not A	Applicable ( ) Certificate of Status Desired (X)	
Name and	d Address of (	Current Registered Agent:	Name a	and Address of New Registered Agent:	
	DAVID ITER SQUARE IVILLE, FL 322				
	e named entity e of Florida.	submits this statement for the	purpose of changin	ng its registered office or registered agent, or both	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior no	otice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BATES, VALEN	OREST DRIVE	Title: Name: Address: City-St-Zip	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VC ( HEWITT, BRAN 946 UNDERWO ATLANTA, GA	DOD ST	Title: Name: Address: City-St-Zip		
Title: Name: Address: City-St-Zip:	VC ( JONES, WAYN 2922 PAYTON ATLANTA, GA	RD	Title: Name: Address: City-St-Zip		
Title: Name: Address: City-St-Zip:	DS ( ZEWDE, ELIAS 750 ZORN AVE LOUISVILLE, K	ENUE, UNIT 11	Title: Name: Address: City-St-Zip		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TREA

LEUNG, MICHAEL

DULUTH, GA 30096

2380 DEVON LEIGH WALK

(X) Change ( ) Addition

SIGNATURE: VALENTINO BATES CP 06/25/2009

( ) Delete

2380 DEVON LEIGH WALK

LEUNG, MICHAEL

DULUTH, GA 30096