2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44348

Entity Name: MANUEL PEREA P.E. INC.

FILED Jan 06, 2005 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|---------------------------------|------------------------------------|--|--|
| 926 MALAGA AVENUE CORAL GABLES, FL 331 | 34 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 926 MALAGA AVENUE CORAL GABLES, FL 331 | 34 | | | |
| FEI Number: 59-2133317 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| PEREA, MANUEL DE JE: 926 MALAGA AVENUE CORAL GABLES, FL 331 | | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| Election Campaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: DP () Name: PEREA, MANUE | Delete :L, | Title: Name: | () Change () Addition | |

Address: 926 MALAGAN AVENUE City-St-Zip: CORAL GABELS, FL

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MANUEL DE JESUS PEREA DP 01/06/2005