

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F62475

1. Entity Name
**DALLA-RIZZA & ASSOCIATES CONSULTING
ENGINEERS, INC.**



Principal Place of Business
**3011 SW 28TH LANE
COCONUT GROVE, FL 33133**

Mailing Address
**3011 SW 28TH LANE
COCONUT GROVE, FL 33133**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2176020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DALLA-RIZZA, JUAN
3011 S.W. 28TH LANE
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALLA-RIZZA, JUAN
STREET ADDRESS	3011 S W 28TH LANE
CITY-ST-ZIP	COCONUT GROVE, FL

TITLE	STD
NAME	DALLA-RIZZA, DOROTHY K
STREET ADDRESS	3011 S.W. 28TH LANE
CITY-ST-ZIP	COCONUT GROVE, FL

TITLE	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *D. Dalla Rizza* **D. Dalla Rizza** 3/29/06 305-445-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #