

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90457 022 ***150.00

DOCUMENT # H11941 1. Entity Name FLORIDA CITY ENGINEERING CONTRACTORS, INC.			
Principal Place of Business 18250 SW 288 ST PO BOX 507 HOMESTEAD 33090 HOMESTEAD, FL 33030		Mailing Address 18250 SW 288 ST PO BOX 507 HOMESTEAD 33090 HOMESTEAD, FL 33030	
2. Principal Place of Business 20200 S.W. 280 ST		3. Mailing Address 20200 S.W. 280 ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL	
Zip 33031		Zip 33031	
Country 		Country 	
4. FEI Number 59-2427541		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINS, ALEXANDRE 18250 SW 288 ST HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name ALEXANDRE MARTINS Street Address (P.O. Box Number is Not Acceptable) 202 S.W. 280 ST City HOMESTEAD FL Zip Code 33031	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARTINS, ALEXANDRE 18250 SW 288 ST HOMESTEAD, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARTINS, ALZIRA 18250 SW 288 ST HOMESTEAD, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINS, MICHAEL 18250 SW 288 ST HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINS, ROBERT 18250 SW 288 ST HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____ Daytime Phone # _____			