


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90004 049 ***558.75

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| DOCUMENT #J60550 |  |
| 1. Entity Name PROFESSIONAL ENGINEERING & INSPECTION COMPANY, INC. | |

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| Principal Place of Business 11860 W STATE ROAD 84 STE 1 FORT LAUDERDALE, FL 33325 US | Mailing Address 11860 W STATE ROAD 84 STE 1 FORT LAUDERDALE, FL 33325 US |
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040000024



07062004 Chg-P CR2E034 (10/03)

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2784924 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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.

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|-----------|--|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD PIEDELIEVE, FRANK 17 BIS PLACE DES REFLETS LA DEFENSE 2 94000 COURBEVOIE FRANCE, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Lynch, Mark 11860 W. State Road 84, Suite 1 Ft. Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TARDAN, FRANCOIS 17 BIS PLACE DES REFLETS LA DEFENSE 2 94000 COURBEVOIE FRANCE, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Tong, Richard 11860 W. State Road 84, Suite 1 Ft. Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO WRIGHT, DICKERSON C 7895 CONVOY CT.#18- SAN DIEGO, CA 92111 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DANFORTH, PAUL 11860 W STATE RD 84 SUITE 1 FT LAUDERDALE, FL 33325 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FC DAMASCENO, LUIS C <i>erro</i> 11860 W STATE RD SUITE 1 FT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FL Damasceno, Luis C 11860 W. State Road 84, Suite 1 Ft. Lauderdale, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RIFFE, ROBERT 11860 W STATE RD 84 SUITE 1 FT LAUDERDALE, FL 33325 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

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|--|---------------------------|--------|-----------------|
| SIGNATURE:  | Richard Tong, V.P. | 7/6/04 | (954) 236-8100 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |