2007 FOR PROFIT CORPORATION

FILED Mar 13, 2007 08:00 AM tate

ANNUAL REPURI			141d1 15, 2007 00.0			
DOCUMENT # J94388 1. Entity Name SOILPROBE ENGINEERING & TESTING, INC.			\$	Secreta	ry of Sta	
Principal Place of Business 5450 GRIFFIN ROAD FORT LAUDERDALE, FL 33314 US Mailing Address 5450 GRIFFIN ROAD FORT LAUDERDALE, FL 33314 US FORT LAUDERDALE, FL 33314	4 US					
DO NOT WRITE IN THIS SPACE		02052007 4. FEI Numbi 65-003 5. Certificate	•		11/05) Applied For Not Applicable 75 Additional Required	
6. Name and Address of Current Registered Agent PAVEL, (PAUL) PEANA 5450 GRIFFIN ROAD FORT LAUDERDALE, FL 33314			NOT W			
8. The above named eptily submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Spreadure, typest or or mischafter of registered agent and title of applicable. (NOTE: Registered.)	ed office or register		th, in the State of Flo	3 S O DATE	jar with, and accept	
FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	00000 03/23/07)0665723 '-80041-0	07 155.00	
10. OFFICERS AND DIRECTORS TITLE DST NAME PEANA, PAVEL P STREET ADDRESS 5450 GRIFFIN RD. CITY ST-ZIP DAVIE, FL 33314 TITLE DAVIE, FL 33314						

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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICE

984-584-6115