

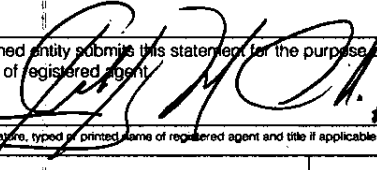
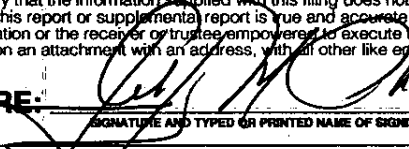


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90002 019 \*\*\*158.75

<b>DOCUMENT # J99408</b> 1. Entity Name <b>ALFREDO M. CARBONELL, P.E., INC.</b>					
Principal Place of Business <b>4555 PONCE DE LEON BLVD</b> <b>101</b> <b>CORAL GABLES, FL 33146 US</b>			Mailing Address <b>4555 PONCE DE LEON BLVD</b> <b>101</b> <b>CORAL GABLES, FL 33146 US</b>		
2. Principal Place of Business <b>12355 SW 129<sup>TH</sup> CT</b> Suite, Apt. #, etc. <b>#04</b>		3. Mailing Address <b>12355 SW 129<sup>TH</sup> CT.</b> Suite, Apt. #, etc. <b>#04</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-0014997</b>	
Zip <b>33186</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CARBONELL, ALFREDO M.</b> <b>4555 PONCE DE LEON BLVD</b> <b>CORAL GABLES, FL 33146</b>				7. Name and Address of New Registered Agent Name <b>CARBONELL, ALFREDO M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12355 SW 129<sup>TH</sup> CT. #04</b> <b>MIAMI, FL</b> City <b>MIAMI, FL</b>	
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  <b>ALFREDO M. CARBONELL</b> <b>6/11/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBONELL, ALFREDO M. 4555 PONCE DE LEON BLVD 101 CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBONELL, ALFREDO M. 4555 PONCE DE LEON BLVD 101 CORAL GABLES, FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBONELL, ALFREDO M. 4555 PONCE DE LEON BLVD 101 CORAL GABLES, FL	<input type="checkbox"/> Delete			
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.					
SIGNATURE:  <b>ALFREDO M. CARBONELL</b> <b>6/11/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					