## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 08:00 AM Secretary of State

		1	Secre	etary of State		
1. Entity Nam	MENT # K02875 SINEERING, INC.				Secre	cary or state
Principal Plac	e of Business	Mailing Address				
7810 NW 18		7810 NW 185TH ST				
MIAMI, FL 3	3015	MIAMI, FL 33015				
			·			
			03042005	No Chg-P CF	R2E034 (10/03)	
	O NOT WRITE	CE	4. FEI Number	, <del>, , , , , , , , , , , , , , , , , , </del>	Applied For	
				65-001582	:3	Not Applicable
				5. Certificate of St	atus Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current Ro	egistered Agent				****
CLINTON, TIMOTHY D 7810 N.W. 185TH ST.				חח או	OT WRI	TE
MIAMI, FL 33015			IN THIS SPACE			
İ						
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						
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling)  DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	3/10/05 <b>-</b> 80	1797 158-006 158.75
10.	OFFICERS AND D	RECTORS				
TITLE	PRES CLINTON, TIMOTHY D.	-				
NAME STREET ADORESS	7810 N.W. 185TH ST.					
CITY-ST-ZIP	MIAMI, FL					
TITLE		-				
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME			1			
STREET ACURESS			1	- DO N	OT WR	TE
CITY-ST-ZIP			4			
TITLE NAME				IN IF	HIS SPA	CE
STREET ADDRESS			1			
CITY-ST-ZIP		·	4, , , , ,		-	
TITLE						
NAME STREET ADDRESS						
CITY-SI-ZP						
TITLE			]			
NAME						
STREET ADDRESS						

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:

IGNATURE MID TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-803-187