2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K31166 03-26-2004 90044 038 ***158.75 1. Entity Name ASTUR ENGINEERING CORP. Principal Place of Business Mailing Address 74091909 % LUIS G. LOPEZ-BLAZQUEZ % LUIS G. LOPEZ-BLAZQUEZ 6900 SW-94-COURT 6900 SW 94 COURT MIAMI, FL 33173 MIAMI: FL 33173 2. Principal Place of Business 9342 5.W. Mailing Address Suite, Apt. #, etc. Apt. #, etc. CR2E034 (10/03) 03222004 Chg-P Applied For City & State City & State 4. FEI Number **MAH** 65-0077964 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ-BLAZQUEZ, LUIS G. Street Propes (DD). Box Humber is Not Aceeptable) 6900 SW 94 COURT MIAMI, FL 33173 Zip Code 3315 MIAMI egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 6. The above named entity submits this state the obligations of registered SIGNATURE Signature, typed or printed nan (NOTE egistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE NAME LOPEZ-BLAZQUEZ, LUIS G. NAME 9342 SW. 78 COURT C000 SW0+CT STREET ADDRESS STREET ADDRESS CITY-ST-ZiP MIAMI: FL-CITY-ST-ZIP MIAMI, FL 3315G Change TITLE Delete TITLE Addition LOPEZ-BLAZQUEZ, ANA A. NAME NAME 9342 SW 78 COURT 0900 OW 94 GT STREET ADDRESS STREET ADDRESS CITY - ST-ZIP MIAMI-EL CITY-ST-ZIP MIAMI, FL 33156 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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 trastee empowered to execute this report. Gired by Chapter 807, 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 list empowered. 23/04 305-962-0572 SIGNATURE: OF BIGNING OFFICER OR DIE SIGNATURE AND TYPED OR PRINTED NAME

FILED

Mar 26, 2004 8:00 am