

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K31166 1. Entity Name ASTUR ENGINEERING CORP.	
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Principal Place of Business % LUIS G. LOPEZ-BLAZQUEZ 9342 S.W. 78 COURT MIAMI, FL 33156 US	Mailing Address % LUIS G. LOPEZ-BLAZQUEZ 9342 S.W. 78 COURT MIAMI, FL 33156 US
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01292006 No Chg P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0077964	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ-BLAZQUEZ, LUIS G.
9342 SW 78 COURT
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000422223
02/17/06-80008-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPEZ-BLAZQUEZ, LUIS G. 9342 S.W. 78 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOPEZ-BLAZQUEZ, ANA A. 9342 S.W. 78 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31, 2006 **305**
Date Daytime Phone # **962 0572**