2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 08:00 AM DOCUMENT # K59601 **Secretary of State** 1. Entity Name BOUERI ENGINEERS, INC. Principal Place of Susiness Malling Address 1045 E ATLANTIC AVENUE 1045 E ATLANTIC AVENUE 314 314 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0097275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOUERI, RABIH J. DO NOT WRITE 809 SEAGATE DRIVE DELRAY BEACH, FL 33448 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE 18 \$150.00 U00000834151 02/28/08-80041-009 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DP BOUERI, RABIH J. NAME STREET ADDRESS 809 SEAGATE DRIVE DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE T/7LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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

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

2/15/08

(561)178388

Daytime Phone #

FILED