2007 FOR PROFI			FILED May 09, 2007 8:00 am
DOCUMENT # K67408 1. Entity Name REBAR ENGINEERING, INC.			Secretary of State 05-09-2007 90113 020 ***150.00
Principal Place of Business 6361 SOUTHWEST 1ST STREET PLANTATION FL 33317	Mailing Address 6361 SOUTHWEST 15 PLANTATION FL 333		
<ol> <li>Principal Place of Business - No P.O. Box #</li> </ol>	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State	City & State		4. FEI Number 65-0121951 Applied For Not Applicab
Zip Country	Zip	Country	5. Cortificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
WILLIAMS, ROBERT J. 6361 SOUTHWEST FIRST STRE PLANTATION FL 33317	ET	Street Add	Wendy L. Gonzalez tross (P.O. Box Numbor is Noi Acceptable) 256 NW 29 St.
· · · ·		City Oa	Kland Park FL Zip Code
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	r the purpose of changing its		egistered agent, or both, in the State of Florida. I am familiar with, and accop
SIGNATURE Willie type of registered agent a	mathile r applicable. (NOT	E Registered Agent signature i	roquired witer reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DVP NAME WILLIAMS, ROBERT L. STREET ADDRESS 6361 SW 1ST ST. CITY-ST-/IP PLANTATION FL	🗖 Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	Secretary Change Maddilin Werdy L. Gonzalez 2256 NW 29 St. Oakland Park, FL 33311
IIILE DVP NAME WILLIAMS, JEAN A. STREET ADDRESS 6361 SW 1ST ST CITY- ST- ZIP PLANTATION FL	Delete	TITLE NAME STREET ADDRESS GTTY-ST-ZIP	Change Addilic
IIILE Secretany NAME GONZALOZ WIENDUL SIRELADDRESS 2256 NOT 20 St CITY-SI-ZIP OORIONA PALLES	Deleic	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chanoe C Additio
ITTE NAMĽ STREET ADDRESS GTY ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY - ST-7IP	Delete	HTLE NAME STREET ADDRESS CITY+ST-ZIP	🗋 Change 🗌 Additic
TITLE NAME. STREET ADDRESS CITY - ST - ZIP	Deficite	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Additio
indicated on this report or supplemental report is	true and accurate and that owered to execute this repo	my signature shall hav rt as required by Chap	Intained in Soction 119, Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 10 or Block 11
	PINTED NAME OF SIGNING OFFICER	ORDRECTOR	4/19/07 954-739-7711 Dave Daytime Phone 1